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**Test Package for Electronic Filers  
of Individual Income Tax Returns  
For Tax Year 2010**

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## **INTRODUCTION**

This publication will include information for electronic filers testing individual returns through:

- The current e-file system (Participants Acceptance Testing System, PATS)
- The Modernized e-File (MeF) platform (Assurance Testing System, ATS)

## **IS TESTING THROUGH BOTH PATS AND ATS REQUIRED?**

- If your software is going to support the current e-file system, you will test through PATS.
- If your software is going to support the Modernized e-File system, you will test through ATS.
- If you are going to develop software to support both systems, you will test through both PATS and ATS.

## **WHEN DOES PATS OPEN?**

PATS opens on November 9, 2010.

## **WHEN DOES ATS OPEN?**

ATS opens on November 1, 2010.

Additional information on the [1040 Modernized e-File \(MeF\) Program](#) can be found at [irs.gov](http://irs.gov)

The following chart identifies the differences between the current e-file system and the MeF platform.

PATS (Legacy) and ATS (MeF) processes

Test Process	Are there Differences in PATS and ATS?	Summary of Differences	PATS information Page Number	ATS information Page Number
Who Must Test?	No	None	5	46
Why Test?	No	None	5	47
What is Tested?	Yes	<p>PATS has 5 defined test scenarios and 7 other tests which the software developer will create.</p> <p>ATS has 5 defined test scenarios for 1040 returns and 2 defined scenarios for Form 4868.</p>	5	47
When to Test?	Yes	<p>PATS opens November 9, 2010</p> <p>ATS opens November 1, 2010</p>	6	48
Test Password	Yes	<p>PATS uses password</p> <p>ATS uses Strong Authentication for A2A filers. IFA filers use a password.</p>	6	See Publication 4164
Testing Guidelines for Software Developers	Yes	<p>PATS uses Statement Records for attachments. The Record Layout is found in Publication 1346.</p> <p>MeF (ATS) uses dependencies in XML for attachments. The Record Layout is provided in schema packages posted to <a href="http://irs.gov">irs.gov</a>.</p>	6	49
Reviewing ACK files and correcting tests	No	None	6	50
Software Developer Acceptance Procedures	Yes	<p>When incrementing the transmission number:</p> <p>PATS uses transmission sequence number on the TRANA Record</p> <p>ATS uses Transmission ID number in the Transmission Header</p>	7	50

Test Process	Are there Differences in PATS and ATS?	Summary of Differences	PATS information Page Number	ATS information Page Number
Communications Test	Yes	<p>Legacy (PATS) uses:</p> <ul style="list-style-type: none"> <li>• EMS</li> <li>• 5 Service Centers</li> <li>• 1040, 1040A, 1040EZ</li> </ul> <p>MeF (ATS) uses:</p> <ul style="list-style-type: none"> <li>• IFA &amp; A2A (If using both, a Communications Test is required for both.)</li> <li>• Austin Service Center for Form 1040 only</li> </ul>	7	50
ETD System	Yes	<p>PATS uses a separate system to test forms not attached to the return. ETD forms and documents are e-filed separately as stand-alone documents.</p> <p>ATS does not use a separate system to e-file forms not attached to Form 1040 (for tax year 2010 MeF will only accept Form 4868 in addition to 1040 returns)</p>	7	Not Applicable
Communications Test for ETD System	Yes	<p>Applies to PATS</p> <p>Does not apply to ATS</p>	8	Not Applicable
Federal/State Testing	Yes	Not all states that participate in the current e-file system will participate in MeF	8	49
Test Scenarios	Yes	<p>PATS has 12 scenarios, of which five are defined.</p> <p>ATS has seven defined scenarios.</p>	10	52

**Tax Year 2010  
Participants Acceptance Testing  
System (PATs) for e-file**

# TY 2010

## PARTICIPANTS ACCEPTANCE TESTING SYSTEM (PATS)

### WHO MUST TEST?

The Electronic Tax Administration requires that all Software Developers and Transmitters pass Participants Acceptance Testing System (PATS) and perform the suggested tests in this Test Package before being allowed to transmit directly to the IRS for the 2011 (Tax Year 2010) filing season.

### WHY TEST?

The purpose of testing is to ensure, prior to live processing that:

- ▶ *filers transmit in the correct format and meet the IRS electronic filing specifications;*
- ▶ *returns have fewer validation or math errors;*
- ▶ *required fields post to the IRS master file; and*
- ▶ *filers understand and are familiar with the mechanics of electronic filing.*

### WHAT IS TESTED?

IRS will provide test criteria for scenarios 1, 2, 3, 4 and 5 that, if supported by the software, all developers must follow and include when developing their test scenarios. Test scenarios 6 through 12 will have limited criteria and must be tested if the software supports the criteria. All test scenarios transmitted must be error free and received in two separate, same day transmissions before the software can be considered as passed. **NOTE: Test Scenario 11, which uses Test SSN 400-00-1011, is programmed to reject with ERC 0500.**

You are required to transmit test scenarios using Forms 1040/A/EZ and Form 1040-SS (PR) and forms and schedules associated with the 1040 series tax return. A test file consisting of at least ten (10) returns, but not more than thirty-eight (38), with the related forms, schedules and attachments must be transmitted. A range of test Social Security Numbers 400-00-1001 through 400-00-1099 will be used in all test scenarios. If your return rejects, you can make the correction and re-transmit as many times as necessary until the return is accepted.

If you will be participating in the Federal/State electronic filing program, you will need to test your Federal/State returns using one of the Federal scenarios you create. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from participating states.

The criteria for the test scenarios provide some of the information needed to prepare the appropriate forms and schedules; however, computations and data for all lines have not been provided. Therefore, some knowledge of tax law and tax preparation is necessary. You must correctly prepare and compute these returns before transmitting to the IRS.

Participants Acceptance Testing begins November 9, 2010.



### **WHEN TO TEST**

When PATS testing begins and new Providers are ready to test, they should call the e-help Desk at 1-866-255-0654.

Prior year PATS participants will be contacted by the e-help Desk on or before October 29, 2010.

### **TEST PASSWORD**

New applicants will receive a password letter when their application is processed and the Electronic Transmitter Identification Number (ETIN) is assigned. All other transmitters/software developers will use their current password.

### **TESTING GUIDELINES FOR SOFTWARE DEVELOPERS**

Before testing begins, you must advise the e-help Desk of all limitations to your software package. Your software does not have to provide for all forms and schedules, nor for all occurrences of a particular form or schedule. If your software cannot provide for all occurrences of a particular form or schedule or series of fields, as specified in Publication 1346, no statement record is allowed as a substitute. You must enter data in all of the required fields. An acceptable limitation would be the number of field occurrences. Your software must be able to create a statement if a statement is necessary to complete a form. Your software must be able to accept different addresses from multiple W-2 forms. The 1040 entity address must "NOT" automatically transfer to the W-2 address. All information on Form W-2 must be entered in the Form W-2 record. There are no exceptions. You must advise the service center of all names you will be using to market your product.

**NOTE: If current year PATS approved software is purchased, and the purchaser markets, brands and modifies the data from its original version, then the purchaser must contact the e-help Desk at 1-866-255-0654 to apply for a separate Software Identification Number.**

**It will also be necessary to perform a communications test when a separate Software Identification Number is assigned.**

### **REVIEWING ACK FILES AND CORRECTING TESTS**

You may transmit as many test returns as necessary until you receive no error messages. You may modify tests to include only conditions your software will handle. You must inform the tax examiners of any forms you do not intend to file.

## **SOFTWARE DEVELOPER ACCEPTANCE PROCEDURES**

The Submission Processing Centers will process each test transmission and the e-help Desk tax examiner will communicate by telephone if necessary with the Software Developer concerning their transmission. If the test file is not correctly formatted, or if the test returns contain errors, the e-help Desk tax examiner will work with the Software Developer to resolve any reject conditions. The Software Developer must review their acknowledgement files, correct the software to eliminate any errors, and retransmit the test file. When all reject conditions have been resolved, the Software Developer must then send two separate same-day transmissions in order to test the ability of their software to increment the transmission sequence number that appears in the TRANA record. When the test file is accepted, the approving site will notify the Software Developer and ensure that the appropriate ETINS are moved to production status. Once a Software package has been approved, the customer may continue to test using their Software Developer ETIN and the range of test Social Security Numbers designated for the test scenarios.

## **COMMUNICATIONS TEST FOR THE e-file SYSTEM**

There are two primary EMS sites: Enterprise Computing Center at Memphis (ECC-MEM), (which hosts Kansas City and Fresno) and Martinsburg (ECC-MTB) (which hosts Andover, Austin and Philadelphia). If you are a *Transmitter* and plan to transmit tests to more than one service center, you are only required to send a transmission to one site. Testing at multiple EMS sites is optional.

A Transmitter using accepted software must complete an error free communication test by transmitting a total of five (5) tests in two same-day transmissions to one EMS site.

The communication test should reflect the types of returns you will be filing (i.e. if you will be transmitting all four types of Forms 1040, your test should consist of at least one 1040, 1040A, 1040EZ and 1040 SS). **Note: Do not use Test Scenario 11. It is programmed to reject with ERC 0500.**

## **TESTING ON THE ELECTRONIC TRANSMITTED DOCUMENT (ETD) SYSTEM**

The Electronic Transmitted Document, or (ETD) System, processes forms that are not attached to a Form 1040, 1040A, or Form 1040EZ. A separate transmission file (ELF PATS 2) should be created for the ETD System. ETD PATS testing will require a minimum of five (5) tests. You will be required to transmit the tests in two separate, error free, same-day transmissions in order to test the ability of your software to increment the transmission sequence number that appears in the TRANA record.

Once the Software Developers have passed the ELF PATS 1 test, they may begin testing with the ELF PATS 2 data. The ETD file will be composed of: Forms 56, 2350, 4868, 9465, and Form Payments. Companies that only submit Electronic Transmitted Documents are not required to pass ELF PATS 1.

Note: Only one ETD test scenario (#12) has been provided. Companies supporting ETD filing must create four (4) additional tests.

## **COMMUNICATIONS TEST FOR THE ETD SYSTEM**

If you are a Transmitter using accepted ETD software and plan to transmit tests to more than one e-file Submission Processing Center, you are only required to send a transmission to one site. **If you are a Transmitter using accepted ETD software and have passed PATS communications testing for 1040 electronic returns, it will not be necessary for you to do an ETD communications test.**

## **FEDERAL/STATE PARTICIPANTS ACCEPTANCE TESTING (PATS)**

Software Developers will be tested by each individual state using a state provided test package. The applicable State Liaison will respond to all Software Developer questions related to state testing. For additional information:

[Federal/State e-file For Tax Professionals](#)

## **CONCURRENT TESTING**

Concurrent Testing allows Software Developers to begin state testing, through any IRS e-file Submission Processing Center, prior to obtaining final acceptance from the IRS for the Federal PATS process. The Software Developer must contact the State Coordinator who, in turn, will schedule state testing with the primary home Service Center. The primary home Service Center is defined as the center that supports the state where the Software Developer is physically located.

The Software Developer may be required to create specific data from state test scenarios. For specific testing procedures, you must contact the appropriate State Coordinator.

## **TECHNICAL ASSISTANCE**

The primary home Service Center will provide technical assistance on Federal returns only. The state coordinator must respond to any problem encountered by the Software Developer with state data and will work with the Software Developer to resolve all reject conditions on state returns.

Limited testing on the state generic and unformatted records will be performed by the IRS. If these records are not rejected by the automatic checks in the IRS programs, the IRS will make the state data available to each state agency for further testing.

Each state will test the state data and provide feedback to electronic filers. Filers should refer to each state's procedures and specifications.

Software Developers and Transmitters have requested that the IRS and states use different Social Security Numbers (SSNs) for their respective Acceptance Testing process. The following range of Test SSNs has been designated for use by the participating states in the state test packages:

## **E-FILE STATE ASSIGNED TEST SSNS**

Arkansas	400-00-5500 to 400-00-5599
Alabama	400-00-7400 to 400-00-7499
Arizona	400-00-7500 to 400-00-7599
Colorado	400-00-5600 to 400-00-5699
Connecticut	400-00-5700 to 400-00-5799
Delaware	400-00-5800 to 400-00-5899
District of Columbia	400-00-7300 to 400-00-7399
Georgia	400-00-6600 to 400-00-6699
Hawaii	400-00-7900 to 400-00-7999
Idaho	400-00-5900 to 400-00-5999
Illinois	400-00-3500 to 400-00-3599
Indiana	400-00-4000 to 400-00-4099
Iowa	400-00-6000 to 400-00-6099
Kansas	400-00-4100 to 400-00-4199
Kentucky	400-00-4200 to 400-00-4299
Louisiana	400-00-4300 to 400-00-4399
Maryland	400-00-7200 to 400-00-7299
Michigan	400-00-4500 to 400-00-4599
Mississippi	400-00-4600 to 400-00-4699
Missouri	400-00-6100 to 400-00-6199
Montana	400-00-6800 to 400-00-6899
Nebraska	400-00-6200 to 400-00-6299
New Jersey	400-00-6300 to 400-00-6399
New Mexico	700-00-0000 to 700-00-2000
New York	400-00-4800 to 400-00-4899
North Carolina	400-00-4900 to 400-00-4999
North Dakota	400-00-7700 to 400-00-7799
Ohio	400-00-7600 to 400-00-7699
Oklahoma	400-00-5000 to 400-00-5099
Oregon	400-00-6400 to 400-00-6499
Pennsylvania	400-00-7100 to 400-00-7199
Rhode Island	400-00-6900 to 400-00-6999
South Carolina	400-00-5100 to 400-00-5199
Utah	400-00-5200 to 400-00-5299
Vermont	400-00-8000 to 400-00-8099
Virginia	400-00-7000 to 400-00-7099
West Virginia	400-00-5300 to 400-00-5399
Wisconsin	400-00-5400 to 400-00-5499

The IRS will only accept these SSNs during Participants Acceptance Testing (PATs). These test SSNs will be rejected if submitted for live processing. The IRS Error Reject Code provided will advise filers that the SSN is not within the valid range of Social Security Numbers.

Electronic filers who have been accepted into the Federal Electronic Filing System, and have begun transmitting federal returns, but wish to continue state testing must obtain a Test ETIN from the applicable IRS service center. Check the state procedures to determine if the state allows testing beyond January 2011.

## **TEST SCENARIOS**

You are required to transmit test scenarios using the Form 1040 return and forms and schedules associated with the 1040 return. If possible, please use and/or acquire a software test Electronic Transmitter Identification Number (ETIN) for PATS testing.

A test file consisting of at least ten (10) returns, but not more than thirty-eight (38), with the related forms, schedules and attachments must be submitted. The range of test Social Security Numbers 400-00-1001 through 400-00-1099 must be used in all Federal test scenarios. The testing requirements listed below are based on system changes as well as tax form (record layouts) and validation criteria changes for Tax Year 2010. If the criteria in any of the test scenarios listed below are supported by your software, you must develop a return to test it and include it with your submission of at least ten (10) returns. If your software does not provide for the criteria listed in some or all of the test scenarios listed below, then you must develop a testing criteria of your own to submit the additional returns that your software supports in order to meet the test minimum of ten (10).

.....

**Note: We will validate the Tax Amount, Earned Income Tax Credit (EITC) Amount, Child Tax Credit (CTC) Amount and Additional Child Tax Credit in Test Scenarios 1, 2, 3, 4 and 5. Some of the fields on the tax forms for Tests 1, 2, 3, 4 and 5 are already completed. The remaining fields must be completed by the Software Developer.**

**Note: If you are creating a test scenario that includes a decedent, use 20101015 as the Date of Death (DOD).**

Test Scenario 1  
Taxpayer: Dawn Green  
SSN: 400-00-1001

Test Scenario 1 includes the following forms:

- Form 1040
- Form 1099-R
- Schedule D (Form 1040)

Additional Instructions: Use Self-Select Pin Method for On-line Filer  
Taxpayer elects \$3 to Presidential Election Campaign  
Taxpayer is blind  
Taxpayer elects not to file Form 2210

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning

, 2010, ending

, 20

OMB No. 1545-0074

Your first name and initial

DAWN

Last name

GREEN

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

2300 FIRST TEST STREET

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

SAN FRANCISCO, CA 94102

**Your social security number**

4 0 0 | 0 0 1 0 0 1

**Spouse's social security number**

| | | | | |

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►

☐ You☐ Spouse**Filing Status**1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ►4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only one box.

**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .b ☐ **Spouse** . . . . .c **Dependents:**

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)

				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b**

1

**No. of children on 6c who:**• lived with you  
• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ►

1

If more than four dependents, see page 17 and check here ► ☐**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if required . . . . .b **Tax-exempt** interest. **Do not** include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends (see page 22) . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

15a

b Taxable amount (see page 24)

16a Pensions and annuities . . . . .

16a

200000

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation (see page 27) . . . . .

20a Social security benefits . . . . .

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29) . . . . .

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****Adjusted Gross Income**

23 RESERVED (see page 29) . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

25 Health savings account deduction. Attach Form 8889 . . . . .

26 Moving expenses. Attach Form 3903 . . . . .

27 One-half of self-employment tax. Attach Schedule SE . . . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

29 Self-employed health insurance deduction (see page 30) . . . . .

30 Penalty on early withdrawal of savings . . . . .

31a Alimony paid b Recipient's SSN ►

32 IRA deduction (see page 31) . . . . .

33 Student loan interest deduction (see page 34) . . . . .

34 RESERVED (see page 35) . . . . .

35 Domestic production activities deduction. Attach Form 8903 . . . . .

36 Add lines 23 through 31a and 32 through 35 . . . . .

37 Subtract line 36 from line 22. This is your **adjusted gross income** ►**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.**

Cat. No. 11320B

Form **1040** (2010)

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input checked="" type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <b>39a</b> <b>1</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	4000 00
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit?  
See page 73  
and fill in 74b,  
74c, and 74d,  
or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number		

<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	
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**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)
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**Sign Here**

Joint return?  
See page 15.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	



☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  ABC COMPANY 11 ELM STREET SACRAMENTO, CA 94203		<b>1</b> Gross distribution \$ 200,000.00		OMB No. 1545-0119  <b>2010</b>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</b> <b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b>		
		<b>2a</b> Taxable amount \$ 150,000.00		<b>2b</b> Taxable amount not determined <input type="checkbox"/>			Total distribution <input type="checkbox"/>	
		<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$ 20,000.00				
PAYER'S federal identification number  69-0000006		RECIPIENT'S identification number  400-00-1001		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name  DAWN GREEN  Street address (including apt. no.) 2300 FIRST TEST STREET  City, state, and ZIP code SAN FRANCISCO, CA 94102		<b>7</b> Distribution code(s) 7		IRA/SEP/SIMPLE <input type="checkbox"/>		<b>8</b> Other \$ %		
		<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$				
		1st year of desig. Roth contrib.		<b>10</b> State tax withheld \$ \$		<b>11</b> State/Payer's state no. \$		<b>12</b> State distribution \$
Account number (see instructions)				<b>13</b> Local tax withheld \$ \$		<b>14</b> Name of locality \$		<b>15</b> Local distribution \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).  
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **12**

Name(s) shown on return

DAWN GREEN

Your social security number

400-00-1001

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 100 SH XYZ CO	02/01/2010	09/13/2010	8000	3000	5000
200 SH ABC CO	02/01/2010	10/04/2010	14000	17000	(3000)
2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) . . . . .			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				5	2000
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> on page D-7 of the instructions . . . . .				6	( 1000 )
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) . . . . .				7	

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 500 SH EFG CO	08/04/2000	05/22/2010	21000	23000	(2000)
700 SH HIJ CO	01/20/2001	5/22/2010	31000	19000	12000
9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d). . . . .			10	52000	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				12	(5000)
13 Capital gain distributions. See page D-2 of the instructions . . . . .				13	1000
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> on page D-7 of the instructions . . . . .				14	( 3000 )
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back . . . . .				15	

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>		
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>			
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.			
<b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions . . . . . ►	<b>18</b>	1000	
<b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions . . . . . ►	<b>19</b>	1000	
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the instructions. <b>Do not</b> complete lines 21 and 22 below.			
<b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:  <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>           . . . . .         </div> </div>	<b>21</b>	( )	
<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.			
<b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.			

Test Scenario 2  
Taxpayer: Mary White  
SSN: 400-00-1002

Test Scenario 2 includes the following forms:

- Form 1040
- Form W-2
- Schedule EIC
- Form 8812
- Form 8888
- Schedule M

Additional Information: PIN Type Code = Self-Select Practitioner or "S"  
Third Party Designee selected  
Paid Preparer Used  
Taxpayer elects NOT to include nontaxable  
combat pay as earned income in EIC  
computation

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning

, 2010, ending

, 20

OMB No. 1545-0074

Your first name and initial

MARY

Last name

WHITE

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

4 2ND Test Avenue

Apt. no.

6

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

Newark, NJ 07102

**Your social security number**

4 0 0 | 0 0 | 1 0 0 2

**Spouse's social security number**

| | | | |

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►

☒ You☐ Spouse**Filing Status**1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ►4 ☒ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only one box.

**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .b ☐ **Spouse** . . . . .**c Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)

SARA WHITE

4 0 0 | 0 0 | 1 0 2 5

DAUGHTER

JOHN WHITE

4 0 0 | 0 0 | 1 0 2 4

CHILD

MICHAEL WHITE

4 0 0 | 0 0 | 1 0 2 3

BROTHER

LISA WHITE

4 0 0 | 0 0 | 1 0 2 2

NIECE

**Boxes checked on 6a and 6b**

1

**No. of children on 6c who:**• lived with you  
• did not live with you due to divorce or separation (see page 18)

3

**Dependents on 6c not entered above**

1

**Add numbers on lines above ►**

5

d Total number of exemptions claimed . . . . .

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if required . . . . .b **Tax-exempt** interest. **Do not** include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends (see page 22) . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

15a

b Taxable amount (see page 24)

16a Pensions and annuities . . . . .

16a

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation (see page 27) . . . . .

20a Social security benefits . . . . .

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29) . . . . .

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****Adjusted Gross Income**

23 RESERVED (see page 29) . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

25 Health savings account deduction. Attach Form 8889 . . . . .

26 Moving expenses. Attach Form 3903 . . . . .

27 One-half of self-employment tax. Attach Schedule SE . . . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

29 Self-employed health insurance deduction (see page 30) . . . . .

30 Penalty on early withdrawal of savings . . . . .

31a Alimony paid b Recipient's SSN ►

32 IRA deduction (see page 31) . . . . .

33 Student loan interest deduction (see page 34) . . . . .

34 RESERVED (see page 35) . . . . .

35 Domestic production activities deduction. Attach Form 8903 . . . . .

36 Add lines 23 through 31a and 32 through 35 . . . . .

37 Subtract line 36 from line 22. This is your **adjusted gross income** ►

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	0 00

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	1826 00
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	1000 00
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		

<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	
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**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name <b>Jack Brown</b>	Phone no. <b>(555) 555-5555</b>	Personal identification number (PIN) <b>8 2 3 1 6</b>
-----------------------------------	---------------------------------	---

**Sign Here**


Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <b>Ellen Grey</b>	Date <b>4/10/2011</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00000001</b>
Firm's name (or yours if self-employed) <b>Grey Accounting</b>	EIN <b>6 9 0 0 0 0 0 0 3</b>	Phone no. <b>(555) 555-5995</b>	
address, and ZIP code <b>600 4th Street Buffalo, NY 14202</b>			

a Employee's social security number 400-00-1002		OMB No. 1545-0008		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 69-0000004				1 Wages, tips, other compensation 27,000.00		2 Federal income tax withheld 1,000.00	
c Employer's name, address, and ZIP code  THE STATION 5 PLUM STREET NEWARK, NJ 07102				3 Social security wages 29,000.00		4 Social security tax withheld 1,798.00	
				5 Medicare wages and tips 29,000.00		6 Medicare tax withheld 421.00	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment 1,826.00		10 Dependent care benefits	
e Employee's first name and initial      Last name      Suff.  MARY WHITE 5 ORANGE GROVE NEWARK, NJ 07102				11 Nonqualified plans		12a See instructions for box 12 C o d e	
				13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e      Q      2,000.00	
				14 Other		12c C o d e	
						12d C o d e	
f Employee's address and ZIP code				15 State      Employer's state ID number NJ      69-0000005		16 State wages, tips, etc. 27,000.00	
				17 State income tax 500.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax  
Statement

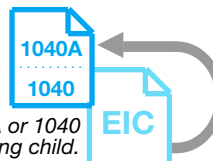
**2010**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

**SCHEDULE EIC**  
(Form 1040A or 1040)**Earned Income Credit**

## Qualifying Child Information



OMB No. 1545-0074

**2010**Attachment  
Sequence No. **43**Department of the Treasury  
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Name(s) shown on return

MARY WHITE

Your social security number

400-00-1002

**Before you begin:**

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	SARA	WHITE	MICHAEL	WHITE	JOHN	WHITE
<b>2 Child's SSN</b> The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2010. If your child was born and died in 2010 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	400-00-1025		400-00-1023		400-00-1024	
<b>3 Child's year of birth</b>	Year <u>1</u> <u>9</u> <u>9</u> <u>0</u> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>1</u> <u>9</u> <u>8</u> <u>9</u> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Continue.</i>		<input type="checkbox"/> <b>Yes.</b> <input checked="" type="checkbox"/> <b>No.</b> <i>Go to line 5. Continue.</i>		<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Continue.</i>	
<b>b</b> Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Continue.</i> The child is not a qualifying child.		<input checked="" type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Continue.</i> The child is not a qualifying child.		<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Continue.</i> The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER		BROTHER		CHILD	
<b>6 Number of months child lived with you in the United States during 2010</b>  • If the child lived with you for more than half of 2010 but less than 7 months, enter "7." • If the child was born or died in 2010 and your home was the child's home for the entire time he or she was alive during 2010, enter "12."	<u>8</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>KC</u> months <i>Do not enter more than 12 months.</i>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 13339M

Schedule EIC (Form 1040A or 1040) 2010



Form **8812****Additional Child Tax Credit**Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return

**MARY WHITE**

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **47**

Your social security number

**400-00-1002****Part I All Filers**

- 1 1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).
- 1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).
- 1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).

If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.

- 2** Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48 . . . . . **2**
- 3** Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit . . . . . **3**
- 4a** Earned income (see instructions on back) . . . . . **4a** **29000** **00**
- b** Nontaxable combat pay (see instructions on back) . . . . . **4b** **2000** **00**
- 5** Is the amount on line 4a more than \$3,000?  
☐ **No.** Leave line 5 blank and enter -0- on line 6.  
☐ **Yes.** Subtract \$3,000 from the amount on line 4a. Enter the result . . . . . **5** **26000** **00**
- 6** Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . **6**
- Next.** Do you have three or more qualifying children?  
☐ **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the **smaller** of line 3 or line 6 on line 13.  
☐ **Yes.** If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

**Part II Certain Filers Who Have Three or More Qualifying Children**

- 7** Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back . . . . . **7**
- 8 1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60.
- 1040A filers:** Enter -0-.
- 1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 59.
- 9** Add lines 7 and 8 . . . . . **9**
- 10 1040 filers:** Enter the total of the amounts from Form 1040, lines 64a and 69.
- 1040A filers:** Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions on back).
- 1040NR filers:** Enter the amount from Form 1040NR, line 64.
- 11** Subtract line 10 from line 9. If zero or less, enter -0- . . . . . **11** **0** **00**
- 12** Enter the **larger** of line 6 or line 11 . . . . . **12**
- Next,** enter the **smaller** of line 3 or line 12 on line 13.

**Part III Additional Child Tax Credit**

- 13 This is your additional child tax credit** . . . . . **13**

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 42, or  
Form 1040NR, line 62.



**SCHEDULE M**  
**(Form 1040A or 1040)****Making Work Pay Credit**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040A or 1040.**▶ **See separate instructions.****2010**  
Attachment  
Sequence No. **166**

Name(s) shown on return

MARY WHITE

Your social security number

400-00-1002



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☐ **No.** Enter your earned income (see instructions) . . . . . **1a**

**b** Nontaxable combat pay included on line 1a  
(see instructions) . . . . . **1b****2** Multiply line 1a by 6.2% (.062) . . . . . **2****3** Enter \$400 (\$800 if married filing jointly) . . . . . **3****4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4** 400 00**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5****6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6****7** Is the amount on line 5 more than the amount on line 6?

- ☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☐ **Yes.** Subtract line 6 from line 5 . . . . . **7**

**8** Multiply line 7 by 2% (.02) . . . . . **8****9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . . **9****10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10** 0 00

**11** **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11**

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Test Scenario 3  
Taxpayer: Jeff Brown  
SSN: 400-00-1003

Test Scenario 3 includes the following forms:

- Form 1040
- Form W-2
- Schedule A
- Schedule B
- Form 2106
- Form 8283

Additional Instructions: PIN Type Code = "P"

Taxpayer is not covered by a retirement plan

Taxpayer included occupation (Paralegal) and phone number (555-555-5511)

For the Qualified Motor Vehicle Taxes the \$49,500 vehicle was bought in a state with a fixed general sales tax rate of 6%.

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning

, 2010, ending

, 20

OMB No. 1545-0074

L  
A  
B  
E  
L

Your first name and initial

JEFF

Last name

BROWN

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

5 THIRD STREET

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

NEW YORK, NY 10007

**Your social security number**

4 0 0 | 0 | 1 0 0 3

**Spouse's social security number**

4 0 0 | 0 | 1 0 0 9

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ▶

☐ You☐ Spouse**Filing Status**

Check only one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 16)**Exemptions**If more than four dependents, see page 17 and check here ▶ ☐6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☐ Spouse . . . . .**c Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)**Boxes checked on 6a and 6b**

1

**No. of children on 6c who:**• lived with you  
• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

d Total number of exemptions claimed . . . . .

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if required . . . . .b **Tax-exempt** interest. Do not include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends (see page 22) . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

15a

b Taxable amount (see page 24)

16a Pensions and annuities . . . . .

16a

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation (see page 27) . . . . .

20a Social security benefits . . . . .

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29) . . . . .

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶**Adjusted Gross Income**

23 RESERVED (see page 29) . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

25 Health savings account deduction. Attach Form 8889 . . . . .

26 Moving expenses. Attach Form 3903 . . . . .

27 One-half of self-employment tax. Attach Schedule SE . . . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

29 Self-employed health insurance deduction (see page 30) . . . . .

30 Penalty on early withdrawal of savings . . . . .

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 31) . . . . .

33 Student loan interest deduction (see page 34) . . . . .

34 RESERVED (see page 35) . . . . .

35 Domestic production activities deduction. Attach Form 8903 . . . . .

36 Add lines 23 through 31a and 32 through 35 . . . . .

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	22000	00
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>		
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>		
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>		
<b>b</b>	Nontaxable combat pay election <b>64b</b>			
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>		
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>		
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>		
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>		
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>		
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>		
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>		
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>		

**Refund**

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		
<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name <b>Jack Brown</b>	Phone no. <b>(555) 555-5555</b>	Personal identification number (PIN) <b>8 2 3 1 6</b>
-----------------------------------	---------------------------------	---

**Sign Here**


Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>Paralegal</b>	Daytime phone number <b>(555) 555-5511</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <b>Ellen Grey</b>	Date <b>4/14/2011</b>	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours if self-employed), address, and ZIP code <b>Grey Accounting 600 4th Test Street Buffalo, NY 14202</b>	EIN <b>6 9 0 0 0 0 0 0 3</b>	Phone no. <b>(555) 555-5995</b>	

		<b>a</b> Employee's social security number 400-00-1003		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) 69-0000002				<b>1</b> Wages, tips, other compensation 113,000.00		<b>2</b> Federal income tax withheld 22,000.00					
<b>c</b> Employer's name, address, and ZIP code  THE LAW FIRM 3 APRICOT DR BUFFALO, NY 14202				<b>3</b> Social security wages 106,800.00		<b>4</b> Social security tax withheld 6,622.00					
				<b>5</b> Medicare wages and tips 113,000.00		<b>6</b> Medicare tax withheld 1,639.00					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff.  JEFF BROWN 5 THIRD TEST AVE NEW YORK, NY 10007				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e					
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e					
				<b>14</b> Other		<b>12c</b> C o d e					
						<b>12d</b> C o d e					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State      Employer's state ID number NY      69-0000004		<b>16</b> State wages, tips, etc. 113,000.00		<b>17</b> State income tax 3,500.00		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax  
Statement

2010

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.



**SCHEDULE A  
(Form 1040)****Itemized Deductions**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **07**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

**Your social security number****JEFF BROWN****400-00-1003**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1) . . . . .	1	10250	00
2	Enter amount from Form 1040, line 38 <b>2</b> . . . . .			
3	Multiply line 2 by 7.5% (.075) . . . . .	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4		
<b>Taxes You Paid</b>	5 State and local income taxes . . . . .	5	3500	00
(See page A-2.)	6 Real estate taxes (see page A-5) . . . . .	6	500	00
	7 New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009) . . . . .	7	2970	00
	8 Other taxes. List type and amount ▶ <u>Test item 1 100</u>	8	300	00
	<u>Test item 2 200</u>			
	9 Add lines 5 through 8 . . . . .	9		
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098 . . . . .	10	3200	00
(See page A-6.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ <u>Tom Orange 400-00-1005</u>	11	200	00
<b>Note.</b>	<u>7 Test Road NY, NY 10007</u>			
Your mortgage interest may be limited (see page A-X).	12 Points not reported to you on Form 1098. See page A-7 for special rules . . . . .	12	200	00
	13 Mortgage insurance premiums (see page A-7). . . . .	13		
	14 Investment interest. Attach Form 4952 if required. (See page A-8.) . . . . .	14	200	00
	15 Add lines 10 through 14 . . . . .	15		
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 . . . . .	16	600	00
If you made a gift and got a benefit for it, see page A-8.	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	8000	00
	18 Carryover from prior year . . . . .	18	100	00
	19 Add lines 16 through 18 . . . . .	19		
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.) . . . . .	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ . . . . .	21	3000	00
(See page A-10.)	22 Tax preparation fees . . . . .	22	100	00
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ <u>SAFE DEPOSIT BOX</u>	23	100	00
	24 Add lines 21 through 23 . . . . .	24		
	25 Enter amount from Form 1040, line 38 <b>25</b> . . . . .	25		
	26 Multiply line 25 by 2% (.02) . . . . .	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27		
<b>Other Miscellaneous Deductions</b>	28 Other—from list on page A-11. List type and amount ▶ <u>Federal Estate Tax 100</u>	28		
			100	00
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a . . . . .	29		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2010



**SCHEDULE B**  
**(Form 1040A or 1040)****Interest and Ordinary Dividends**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **08**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040A or 1040.**▶ **See instructions on back.**Name(s) shown on return  
**JEFF BROWN****Your social security number**  
**400-00-1003****Part I**  
**Interest**(See instructions  
on back and the  
instructions for  
Form 1040A, or  
Form 1040,  
line 8a.)**Note.** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

- 1**
- List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

**SELLER FINANCED INTEREST PAYER 1**

300 SCH B TEST ADDRESS

NY, NY 10007

400-00-1111

700

**INTEREST PAYER 1****INTEREST PAYER 2****NOMINEE PAYER 1****NOMINEE PAYER 2****INTEREST SUBTOTAL** 4000**NOMINEE DISTRIBUTION** 1000

- 2**
- Add the amounts on line 1 . . . . .
- 
- 3**
- Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 
- 4**
- Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶

**Note.** If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary Dividends**(See instructions  
on back and the  
instructions for  
Form 1040A, or  
Form 1040,  
line 9a.)**Note.** If you  
received a Form  
1099-DIV or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5**
- List name of payer ▶
- DIVIDEND PAYER 1**
- 
- DIVIDEND PAYER 2**
- 
- DIVIDEND PAYER 3**
- 
- DIVIDEND PAYER 4**

- 6**
- Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶

**Note.** If line 6 is over \$1,500, you must complete Part III.**Part III**  
**Foreign Accounts and Trusts**(See  
instructions on  
back.)You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a**
- At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1 . . . . .
- 
- b**
- If "Yes," enter the name of the foreign country ▶
- 
- 8**
- During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back . . . . .

**Amount**

700 00

1300 00

1000 00

500 00

500 00

**Amount**

500 00

500 00

500 00

500 00

**Yes No**

✓

✓

Form **2106**  
 Department of the Treasury  
 Internal Revenue Service (99)

# Employee Business Expenses

OMB No. 1545-0074

**2010**  
 Attachment  
 Sequence No. **129**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Your name

**JEFF BROWN**

Occupation in which you incurred expenses

**PARALEGAL**

Social security number

**400-00-1003**

## Part I Employee Business Expenses and Reimbursements

### Step 1 Enter Your Expenses

	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	2	176	00	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	3	300	00	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	4	100	00	
5 Meals and entertainment expenses (see instructions) . . . . .	5			1100 00
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	6			

**Note:** If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

### Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) . . . . .	7	500	00	100	00
--	---	-----	----	-----	----

### Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . . .	8	2500	00	1000	00
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.					
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) . . . . .	9	2500	00	500	00
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9).</b> (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . . . . . ▶	10				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11700N

Form **2106** (2010)

**Part II Vehicle Expenses****Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

	(a) Vehicle 1	(b) Vehicle 2
<b>11</b> Enter the date the vehicle was placed in service . . . . .	<b>11</b> 2 / 17 / 2010	/ /
<b>12</b> Total miles the vehicle was driven during 2010 . . . . .	<b>12</b> 20000 miles	miles
<b>13</b> Business miles included on line 12 . . . . .	<b>13</b> 8000 miles	miles
<b>14</b> Percent of business use. Divide line 13 by line 12 . . . . .	<b>14</b> 40 %	%
<b>15</b> Average daily roundtrip commuting distance . . . . .	<b>15</b> 50 miles	miles
<b>16</b> Commuting miles included on line 12 . . . . .	<b>16</b> 1500 miles	miles
<b>17</b> Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	<b>17</b> 10500 miles	miles
<b>18</b> Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19</b> Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>20</b> Do you have evidence to support your deduction? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21</b> If "Yes," is the evidence written? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Section B—Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

<b>22</b> Multiply line 13 by 50¢ (.50). Enter the result here and on line 1 . . . . .	<b>22</b>
--	-----------

**Section C—Actual Expenses**

	(a) Vehicle 1	(b) Vehicle 2
<b>23</b> Gasoline, oil, repairs, vehicle insurance, etc. . . . .	<b>23</b> 3000 00	
<b>24a</b> Vehicle rentals . . . . .	<b>24a</b> 100 00	
<b>b</b> Inclusion amount (see instructions) . . . . .	<b>24b</b>	
<b>c</b> Subtract line 24b from line 24a . . . . .	<b>24c</b> 100 00	
<b>25</b> Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) . . . . .	<b>25</b>	
<b>26</b> Add lines 23, 24c, and 25. . . . .	<b>26</b> 3100 00	
<b>27</b> Multiply line 26 by the percentage on line 14 . . . . .	<b>27</b> 1240 00	
<b>28</b> Depreciation (see instructions) . . . . .	<b>28</b> 1184 00	
<b>29</b> Add lines 27 and 28. Enter total here and on line 1 . . . . .	<b>29</b> 2424 00	

**Section D—Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

	(a) Vehicle 1	(b) Vehicle 2
<b>30</b> Enter cost or other basis (see instructions) . . . . .	<b>30</b> 30000 00	
<b>31</b> Enter section 179 deduction (see instructions) . . . . .	<b>31</b>	
<b>32</b> Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). . . . .	<b>32</b>	
<b>33</b> Enter depreciation method and percentage (see instructions) . . . . .	<b>33</b> SL10	
<b>34</b> Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	<b>34</b>	
<b>35</b> Add lines 31 and 34 . . . . .	<b>35</b>	
<b>36</b> Enter the applicable limit explained in the line 36 instructions . . . . .	<b>36</b> 2960 00	
<b>37</b> Multiply line 36 by the percentage on line 14 . . . . .	<b>37</b>	
<b>38</b> Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above . . . . .	<b>38</b>	

## Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction  
of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0908

Attachment  
Sequence No. 155

Name(s) shown on your income tax return

JEFF BROWN

Identifying number

400-00-1003

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities**—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	XYZ HOUSE 50 M STREET, KANSAS CITY KS 66101	PERSONAL COMPUTERS
B	ABC MUSEUM 9 K STREET, KANSAS CITY KS 66101	COIN COLLECTION
C		
D		
E		

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	09/06/2010	10/2009	PURCHASE	5000 00	3000 00	COMPARABLE SALES
B	08/09/2010	05/1990	PURCHASE		9000 00	CATALOG
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ .  
If Part II applies to more than one property, attach a separate statement.b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ 5000  
(2) For any prior tax years ▶ 2000

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Test Charity Organization

Address (number, street, and room or suite no.)

100 Test Charity Address

City or town, state, and ZIP code

New York, NY 10007

d For tangible property, enter the place where the property is located or kept ▶ Test Bank

e Name of any person, other than the donee organization, having actual possession of the property ▶ Bank President

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .

c Is there a restriction limiting the donated property for a particular use? . . . . .

Yes	No
	✓
	✓
	✓

#### Test Scenario 4

Taxpayer: Tessa and Clark Orange  
Primary SSN: 400-00-1004  
Spouse SSN: 400-00-1077

Test Scenario 4 includes the following forms:

- Form 1040A
- Form W-2 (primary)
- Form W-2 (spouse)

Additional Instructions: PIN TYPE CODE = S  
Direct Deposit

Form

**1040A**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return (99)****2010**

IRS Use Only—Do not write or staple in this space.

**Label**

(See page 17.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential****Election Campaign**

Your first name and initial

Tessa

Last name

Orange

If a joint return, spouse's first name and initial

Clark

Last name

Orange

Home address (number and street). If you have a P.O. box, see page 17.

32 TEST DRIVE

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.

CHARLOTTE, NC 28207

OMB No. 1545-0074

**Your social security number**

400-00-1004

**Spouse's social security number**

400-00-1077

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

**Filing status**

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 18.)

If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see page 19)**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.b ☒ **Spouse**c **Dependents:**

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 20)

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above ▶

2

d Total number of exemptions claimed.

**Income****Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V**.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

7

50000

00

8a **Taxable** interest. Attach Schedule B if required.

8a

100

00

b **Tax-exempt** interest. **Do not** include on line 8a.

8b

9a Ordinary dividends. Attach Schedule B if required.

9a

b Qualified dividends (see page 25).

9b

10 Capital gain distributions (see page 25).

10

11a IRA

distributions.

11a

11b Taxable amount (see page 25).

11b

12a Pensions and

annuities.

12a

12b Taxable amount (see page 26).

12b

13 Unemployment compensation and Alaska Permanent Fund dividends (see page 28).

13

14a Social security

benefits.

14a

14b Taxable amount (see page 28).

14b

15 Add lines 7 through 14b (far right column). This is your **total income**. ▶

15

50100

00

**Adjusted gross income**

16 RESERVED

16

17 IRA deduction (see page 30).

17

18 Student loan interest deduction (see page 32).

18

19 RESERVED

19

20 Add lines 16 through 19. These are your **total adjustments**.

20

21 Subtract line 20 from line 15. This is your **adjusted gross income**. ▶

21

50100

00

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 87.**

Cat. No. 11327A

**Form 1040A (2010)**

Form 1040A (2010)

Page **2****Tax, credits, and payments**

<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	50100	00
<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes</b> if: <input checked="" type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind</b> } <b>checked</b> ▶ <b>23a</b>		1	
<b>b</b>	If you are married filing separately and your spouse itemizes deductions, see page 34 and check here ▶ <b>23b</b>		<input type="checkbox"/>	
<b>24</b>	Enter your <b>standard deduction</b> (see page 34).	24		
<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25		
<b>26</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	26		
<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	27		
<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see page 35).	28		
<b>29</b>	Credit for child and dependent care expenses. Attach Form 2441.	29		
<b>30</b>	Credit for the elderly or the disabled. Attach Schedule R.	30		
<b>31</b>	Education credits from Form 8863, line 23.	31		
<b>32</b>	Retirement savings contributions credit. Attach Form 8880.	32		
<b>33</b>	Child tax credit (see page 38).	33		
<b>34</b>	Add lines 29 through 33. These are your <b>total credits</b> .	34		
<b>35</b>	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35		
<b>36</b>	Advance earned income credit payments from Form(s) W-2, box 9.	36		
<b>37</b>	Add lines 35 and 36. This is your <b>total tax</b> .	37		
<b>38</b>	Federal income tax withheld from Forms W-2 and 1099.	38		
<b>39</b>	2010 estimated tax payments and amount applied from 2009 return.	39		
<b>40</b>	Making work pay credit. Attach Schedule M.	40		
<b>41a</b>	<b>Earned income credit (EIC).</b>	41a		
<b>b</b>	Nontaxable combat pay election.	41b		
<b>42</b>	Additional child tax credit. Attach Form 8812.	42		
<b>43</b>	American opportunity credit from Form 8863, line 14.	43		
<b>44</b>	Add lines 38, 39, 40, 41a, 42, and 43. These are your <b>total payments</b> .	44		

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See page 64 and fill in 46b, 46c, and 46d or Form 8888.

<b>45</b>	If line 44 is more than line 37, subtract line 37 from line 44. This is the amount you <b>overpaid</b> .	45		
<b>46a</b>	Amount of line 45 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	46a		
<b>b</b>	Routing number <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="6"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings			
<b>d</b>	Account number <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>47</b>	Amount of line 45 you want <b>applied to your 2011 estimated tax</b> .	47		
<b>48</b>	<b>Amount you owe.</b> Subtract line 44 from line 37. For details on how to pay, see page 66.	48		
<b>49</b>	Estimated tax penalty (see page 66).	49		

**Third party designee**

Do you want to allow another person to discuss this return with the IRS (see page 67)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Sign here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.


Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid preparer's use only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no.	

Form **1040A** (2010)



		<b>a</b> Employee's social security number 400-00-1004		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) 69-0000021				<b>1</b> Wages, tips, other compensation 25,000.00		<b>2</b> Federal income tax withheld 2,050.00					
<b>c</b> Employer's name, address, and ZIP code  LMNOP HOSPITAL 456 BOWEN ROAD CHARLOTTE, NC 28207				<b>3</b> Social security wages 25,000.00		<b>4</b> Social security tax withheld 1,550.00					
				<b>5</b> Medicare wages and tips 25,000.00		<b>6</b> Medicare tax withheld 363.00					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff.  TESSA ORANGE 32 TEST DRIVE CHARLOTTE, NC 28207				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e					
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e					
				<b>14</b> Other		<b>12c</b> C o d e					
						<b>12d</b> C o d e					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State NC		Employer's state ID number 69-0000022		<b>16</b> State wages, tips, etc. 25,000.00		<b>17</b> State income tax 425.00		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	
										<b>20</b> Locality name	


Form **W-2** Wage and Tax  
Statement

**2010**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.



		<b>a</b> Employee's social security number 400-00-1077		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) 69-0000021				<b>1</b> Wages, tips, other compensation 25,000.00		<b>2</b> Federal income tax withheld 2,009.00					
<b>c</b> Employer's name, address, and ZIP code  LMNOP HOSPITAL 456 BOWEN ROAD CHARLOTTE, NC 28207				<b>3</b> Social security wages 25,000.00		<b>4</b> Social security tax withheld 1,550.00					
				<b>5</b> Medicare wages and tips 25,000.00		<b>6</b> Medicare tax withheld 363.00					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff.  CLARK ORANGE 32 TEST DRIVE CHARLOTTE, NC 28207				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e					
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e					
				<b>14</b> Other		<b>12c</b> C o d e					
						<b>12d</b> C o d e					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State NC		Employer's state ID number 69-0000022		<b>16</b> State wages, tips, etc. 25,000.00		<b>17</b> State income tax 425.00		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	
										<b>20</b> Locality name	

Form **W-2** Wage and Tax  
Statement

**2010**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

**SCHEDULE M**  
**(Form 1040A or 1040)****Making Work Pay Credit**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040A or 1040.**▶ **See separate instructions.****2010**  
Attachment  
Sequence No. **166**

Name(s) shown on return

TESSA and CLARK ORANGE

Your social security number

400-00-1004



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.☐ **No.** Enter your earned income (see instructions) . . . . .**1a****b** Nontaxable combat pay included on line 1a

(see instructions) . . . . .

**1b**

0 00

**2** Multiply line 1a by 6.2% (.062) . . . . .**2****3** Enter \$400 (\$800 if married filing jointly) . . . . .**3****4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . .**4****5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . .**5****6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . .**6**

150000 00

**7** Is the amount on line 5 more than the amount on line 6?☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.☐ **Yes.** Subtract line 6 from line 5 . . . . .**7****8** Multiply line 7 by 2% (.02) . . . . .**8****9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . .**9****10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).☒ **No.** Enter -0- on line 10 and go to line 11.☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . .**10**

0 00

**11 Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . .**11**

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Test Scenario 5  
Taxpayer: Barry Purple  
SSN: 400-00-1005

Test Scenario 5 includes the following forms:

- Form 1040EZ
- Form W-2

Additional Instruction: PIN TYPE CODE = S  
Full Time Student  
Claimed as a dependent on parent tax return  
Age 20  
Direct Deposit

Form  
**1040EZ**

Department of the Treasury—Internal Revenue Service

**Income Tax Return for Single and  
Joint Filers With No Dependents** (99)**2010**

OMB No. 1545-0074

**Label**

(See page 9.)

**Use the  
IRS label.**Otherwise,  
please print  
or type.**Presidential  
Election  
Campaign**  
(see page 9)L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

Barry

Last name

Purple

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 9.

45 Test Circle

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 9.

Detroit, MI 48207

**Your social security number**

400-00-1005

**Spouse's social security number**▲ Make sure the SSN(s)  
above are correct. ▲Checking a box below will not  
change your tax or refund.Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . . ☐ **You** ☐ **Spouse****Income****Attach  
Form(s) W-2  
here.**Enclose, but do  
not  
attach, any  
payment.You may benefit  
from filing Form  
1040A or 1040.  
See *Before You  
Begin* on page 4.**1** Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.  
Attach your Form(s) W-2.

1

**2** Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2

0

00

**3** Unemployment compensation and Alaska Permanent Fund dividends (see page 11).

3

0

00

**4** Add lines 1, 2, and 3. This is your **adjusted gross income**.

4

**5** If someone can claim you (or your spouse if a joint return) as a dependent, check  
the applicable box(es) below and enter the amount from the worksheet on back.☐ **You**☐ **Spouse**If no one can claim you (or your spouse if a joint return), enter \$9,350 if **single**;  
\$18,700 if **married filing jointly**. See back for explanation.

5

**6** Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.  
This is your **taxable income**.

6

**Payments,  
Credits,  
and Tax****7** Federal income tax withheld from Form(s) W-2 and 1099.

7

**8** Making work pay credit (see worksheet on back).

8

**9a** **Earned income credit (EIC)** (see page 13).

9a

**b** Nontaxable combat pay election.

9b

**10** Add lines 7, 8, and 9a. These are your **total payments and credits**.

10

**11** **Tax.** Use the amount on **line 6** above to find your tax in the tax table on pages 27  
through 35 of the instructions. Then, enter the tax from the table on this line.

11

**Refund**Have it directly  
deposited! See  
page 18 and fill in  
12b, 12c,  
and 12d or  
Form 8888.**12a** If line 10 is larger than line 11, subtract line 11 from line 10. This is your **refund**.  
If Form 8888 is attached, check here ☐

12a

▶ **b** Routing number 0 1 2 4 5 6 7 7 8 ▶ **c** Type: ☒ Checking ☐ Savings▶ **d** Account number 1 1 1 2 2 2 3 4 5**Amount  
You Owe****13** If line 11 is larger than line 10, subtract line 10 from line 11. This is  
the **amount you owe**. For details on how to pay, see page 19.

13

**Third Party  
Designee**

Do you want to allow another person to discuss this return with the IRS (see page 20)?

☐ **Yes.** Complete the following. ☐ **No**Designee's  
name ▶Phone  
no. ▶Personal identification  
number (PIN) ▶**Sign  
Here**Joint return? See  
page 6.Keep a copy for  
your records.Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and  
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based  
on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

**Paid  
Preparer's  
Use Only**Preparer's  
signature ▶

Date

Check if  
self-employed ☐

Preparer's PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code ▶

EIN

Phone no.

**Worksheet for  
Line 5 —  
Dependents  
Who Checked  
One or Both  
Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

A. Amount, if any, from line 1 on front . . . . .                      + 300.00 Enter total ► **A.**                     

B. Minimum standard deduction . . . . . **B.** 950.00

C. Enter the **larger** of line A or line B here . . . . . **C.**                     

D. Maximum standard deduction. If **single**, enter \$5,700; if **married filing jointly**, enter \$11,400 . . . **D.**                     

E. Enter the **smaller** of line C or line D here. This is your standard deduction . . . . . **E.**                     

F. Exemption amount. }

• If single, enter -0-.

• If married filing jointly and — } **F.**                     

—both you and your spouse can be claimed as dependents, enter -0-.

—only one of you can be claimed as a dependent, enter \$3,650.

G. Add lines E and F. Enter the total here and on line 5 on the front . . . . . **G.**                     

(keep a copy for  
your records)

**If you did not check any boxes on line 5**, enter on line 5 the amount shown below that applies to you.

- Single, enter \$9,350. This is the total of your standard deduction (\$5,700) and your exemption (\$3,650).
- Married filing jointly, enter \$18,700. This is the total of your standard deduction (\$11,400), your exemption (\$3,650), and your spouse's exemption (\$3,650).

**Worksheet  
for Line 8 —  
Making Work  
Pay Credit**

**Before you begin:** ✓ If you can be claimed as a dependent on someone else's return, you **do not** qualify for this credit.  
 ✓ If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

Use this  
worksheet to  
figure the amount  
to enter on line 8  
if you **cannot** be  
claimed as a  
dependent on  
another person's  
return.

(keep a copy for  
your records)

**1a. Important.** See the instructions on page 12 if (a) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (b) your wages include pay for work performed while an inmate in a penal institution, or (c) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan.  
 Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☐ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☐ **No.** Enter your earned income (see instructions) . . . . . **1a.**                     

**b.** Nontaxable combat pay included on line 1a (see instructions) . . . . . **1b.**                     

**2.** Multiply line 1a by 6.2% (.062) . . . . . **2.**                     

**3.** Enter \$400 (\$800 if married filing jointly) . . . . . **3.**                     

**4.** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4.**                     

**5.** Enter amount from Form 1040EZ, line 4 (on front) . . . . . **5.**                     

**6.** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6.**                     


**7.** Is the amount on line 5 more than the amount on line 6?  
☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.  
☐ **Yes.** Subtract line 6 from line 5. . . . . **7.**                     

**8.** Multiply line 7 by 2% (.02) . . . . . **8.**                     

**9. Making work pay credit.** Subtract line 8 from line 4. If zero or less, enter -0-. Enter the result here and on Form 1040EZ, line 8. . . . . **9.**                     

**Mailing  
Return**

Mail your return by **April 15, 2011**. Use the envelope that came with your booklet. If you do not have that envelope or if you moved during the year, see the back cover for the address to use.

		<b>a</b> Employee's social security number 400-00-1005		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) 69-0000032				<b>1</b> Wages, tips, other compensation 6,000.00		<b>2</b> Federal income tax withheld 142.00					
<b>c</b> Employer's name, address, and ZIP code  EFG COMPANY 456 JEFFERSON BLVD DETROIT, MI 48207				<b>3</b> Social security wages 6,000.00		<b>4</b> Social security tax withheld 372.00					
				<b>5</b> Medicare wages and tips 6,000.00		<b>6</b> Medicare tax withheld 87.00					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff.  BARRY PURPLE 45 TEST CIRCLE DETROIT, MI 48207				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e					
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e					
				<b>14</b> Other		<b>12c</b> C o d e					
						<b>12d</b> C o d e					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State      Employer's state ID number MI      69-0000033		<b>16</b> State wages, tips, etc. 6,000.00		<b>17</b> State income tax 120.00		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax  
Statement

2010

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

## **Test Criteria**

### **Scenario #6 400- 00-1006**

Create a scenario to test Schedule L

### **Scenario #7 400-00-1007**

Create a scenario to test Form 5405 - page 2 only (First-Time Homebuyer Credit and Repayment of the Credit)

### **Scenario #8 400-00-1008**

Create a scenario to test Form 1098-C (Contributions of Motor Vehicles, Boats, and Airplanes)

### **Scenario #9 400-00-1009**

Create a scenario to test Federal/State return

### **Scenario #10 400-00-1010**

Create a scenario to test a Foreign Address (not APO, FPO, or military address overseas) using the appropriate record layout fields

### **Scenario #11 400-00-1011**

Test scenario created with Test SSN 400-00-1011 will automatically reject with ERC 0500

### **Scenario #12 400-00-1012**

**ETD TESTING:** Create a scenario to test the Form 4868 (Application for Automatic Extension of Time to File U.S. Individual Income Tax Return)

**Procedures for forms not in test scenarios** – All forms were not included in the suggested test scenarios. However, you may include additional forms in the test scenarios you develop. If there are no reject codes related to that particular form(s), this will indicate that you have met the file specification and may file the form(s). You will receive an acceptance notification.

### **Comments and Suggestions**

Please send any comments or suggestions regarding Publication 1436 to:

**Internal Revenue Service  
Attn: Carolyn W. Smith  
SE:W:CAS:SP:ES:I  
5000 Ellin Road  
Room C5-356  
Lanham, MD 20706**

**Official Business Penalty for Private Use, \$300**

**Tax Year 2010  
Assurance Testing System (ATS)  
for Modernized e-File (MeF)**



## WHAT IS MODERNIZED e-FILE (MeF)?

The Modernized e-File (MeF) system is a replacement of the current IRS tax return filing technology with a modernized, Internet-based electronic filing platform. MeF uses the widely accepted Extensible Markup Language (XML) format. This is an industry standard used when identifying, storing and transmitting data rather than the proprietary data transmission formats used by older e-File programs. MeF is successfully processing electronically filed tax returns for individuals, corporations, partnerships, excise tax filers, and exempt organizations.

Upon full implementation of MeF, elimination of the current 1040 e-File program is destined.

## WHICH INDIVIDUAL TAX FORMS WILL MeF SUPPORT FOR TAX YEAR 2010?

MeF will support the following forms and schedules for Tax Year 2010:

1040	Schedule EIC	2210	8829
Schedule A	Schedule M	2441	8863
Schedule B	Schedule R	4562	8880
Schedule C	Schedule SE	4868	8888
Schedule D	1099-R	8283	W-2
Schedule E	2106	8812	

## WHO MUST TEST?

Software developers must perform the applicable tests in this Test Package prior to being accepted into the 1040 MeF Program for the 2011 (Tax Year 2010) filing season. Using approved software, anyone planning to transmit, must have performed a Communications Test and be accepted.

Prior to testing, all software developers and transmitters must have obtained an Electronic Transmitter Identification Number (ETIN) and an Electronic Filer Identification Number (EFIN) through the application process.

Refer to Publication 3112, *IRS e-File Application and Participation* for more information on the application process.

## SOFTWARE DEVELOPERS

To test software, the e-help Desk assigns a Test ETIN to software developers. This ETIN will remain in "Test" status and will not be moved to "Production" status; allowing a developer to test year round.

## TRANSMITTERS

The ETIN assigned in the application process must be included in each message. The ETIN for transmitters will remain in “Test” status until the transmitter passes required Communications Testing with the IRS, at which time the ETIN will then move to “Production” status. A transmitter may then request a Test ETIN, to use for continued testing once the original ETIN moves to “Production” status. If a transmitter fails to revise its IRS e-File application to indicate transmitting using the MeF, Internet XML transmission method, and/or fails to check the appropriate 1040 MeF forms and schedules, its ETIN will not be valid, and any submissions will reject. The transmission status (“Test or Production”) of the ETIN used must match the Test/Production Indicator in the Message Header; otherwise, the message will reject.

Transmitters must also enroll the system(s) they will be using to conduct business with MeF to obtain a SystemID. If the transmitter and/or system(s) do not enroll, the transmitter will not be able to access MeF for Federal/State processing.

## WHY TEST?

The purpose of testing prior to live processing is to ensure:

- Transmitters use the correct format and meet the Internal Revenue Service (IRS) MeF electronic filing specifications
- Returns have fewer validation and math errors
- IRS can receive and process the electronic submissions
- Filers understand and are familiar with the mechanics of electronic filing
- Transmitters can retrieve responses from MeF, including acknowledgement files, state submissions and state status records

**Note.** The development of Publication 1436, *Test Package for Electronic Filers of Individual Income Tax Returns*, utilizes the most current draft forms and schedules available at the time of publishing. Be aware that late legislation may affect the content of test scenarios and related schemas. Although not required, we strongly recommend retesting through ATS when there are both minor and major schema changes.

## WHAT IS TESTED?

The test package for Tax Year 2010 ATS is consisted of seven tax return scenarios for Forms 1040 and 4868, of which five scenarios are for Form 1040 and two scenarios for Form 4868.

The test returns include all of the forms and schedules currently accepted for electronic filing through 1040 MeF. A limited number of attachments are included in the test returns. Not every conceivable condition is representative in the tests; therefore, once a software developer has passed the tests, they may want to test additional conditions appropriate to its clientele. Predefined SSNs, tax periods, and form types are required.

The test scenarios provide information necessary to prepare selected forms and schedules. Test returns must be correctly prepared and computed before transmission. The IRS strongly recommends that each return run against a parser prior to transmission. IRS processing consists of two steps – schema validation and business rule validation.

Below are some XML resources that relate to XML schemas, software tools, and parsers. The IRS is not endorsing any product. These resources are for information only.

You may choose any third party parser toolkit or you may use your own.

- [W3C XML Home Page](#)
- [W3C XML Schema Home Page](#)
- [XML Spy](#)
- [Apache Xerces parser toolkit](#)
- [Microsoft Core XML Services](#)

**Note.** The Modernized e-File Assurance Testing System configuration is not identical to the MeF Production system. A tester should not expect the same response time when testing in the ATS environment versus the Production environment. Do not use ATS for performance or load testing. However, testing a single extremely large return in one transmission is acceptable.

## FORMATTING THE ENTITIES

Some addresses represented in the test scenarios reflect commas and periods. In XML, commas and periods are not allowed. Refer to XML e-File Types in Publication 4164 for proper formatting of name lines and addresses.

Example:

Test Scenario 1 address:

Dawn Green  
2300 First Test Street  
San Francisco, CA 94102

XML Format

Dawn Green (NameLine1Type)  
2300 First Test Street (StreetAddressType)  
San Francisco (CityType)  
CA (StateType)  
94102 (ZipCodeType)

## WHEN TO TEST

A software developer that is ready to test must call the e-help Desk at **1-866-255-0654**. The e-help Desk will assist with all preparations necessary to begin testing, including the assignment of a SoftwareID to use when submitting returns.

**Note.** Vendors need a new SoftwareID for each tax year and each tax package supported.

## TESTING GUIDELINES FOR SOFTWARE DEVELOPERS

It is not required that software provide for all forms or schedules, nor for all occurrences of a particular form or schedule. Upon initial contact with the e-help Desk and prior to the beginning of testing, a software developer must advise the e-help Desk of all limitations to its software package by completing and submitting a Questionnaire. If a software developer tests with limitations, then decides to support additional forms or schedules not included in the initial testing, the software developer must call the e-help Desk to update its Questionnaire. The added forms or schedules must successfully pass testing before moving to Production. The complete form requires testing with no field limitations, except for the number of occurrences.

**Note.** If you purchased current year ATS approved software, and the purchaser markets, brands and/or modifies the data from its original version, the purchaser must contact the e-help Desk at **1-866-255-0654**, to apply for a separate Software Identification Number. Upon your assignment of a separate Software Identification Number, you must perform a Communications Test.

## FEDERAL/STATE TESTING FOR FORM 1040

ATS will begin on November 1, 2010 for both transmitters and states. Transmitters should test federal scenarios before attempting to test with the states. Contact each state for specific information on the scenarios to use for its state returns. Application-to-Application (A2A) or Internet Filing Application (IFA) are used to transmit both federal and state returns. States must retrieve state returns through A2A. If you will be participating in the Federal/State Electronic Filing Program for Form 1040, you may use any of the test returns. Specific instructions are available from the participating states.

## ELECTRONIC SIGNATURES

For Form 1040, the MeF electronic signature options are:

- Practitioner PIN Option
- Self-Select PIN Option

Identify the selected signature option in the Return Header. MeF validates that a signature is present for each return. Refer to Publication 4164, *Modernized e-File Guide for Software Developers and Transmitters*, for specific information regarding signature requirements.

### Practitioner PIN

Taxpayers using an Electronic Return Originator (ERO) may use the Practitioner PIN option. If a taxpayer is filing through an On-Line Provider, this option is not available. The Practitioner PIN option consists of two PINs – one for the taxpayer and one for the practitioner.

- **Taxpayer PIN** – The taxpayer chooses the PIN they wish to use to sign their return. The Taxpayer's PIN must be five numeric characters and cannot contain all zeros.
- **Practitioner PIN** – The ERO selects an eleven character PIN to sign the return. The first six positions of the Practitioner PIN must be the ERO's EFIN. The next five positions will be made up of up to five numeric characters selected by the ERO.

The taxpayer must decide whether they want to enter their own PIN or whether they authorize the ERO to enter the PIN they choose as their signature. For the Form 1040, you must make this authorization on Form 8879.

The following fields are required for the Practitioner PIN method or the return will reject:

- Practitioner PIN
- PIN Entered By Indicator
- Taxpayer PIN
- Date Signed

## REVIEWING ACKNOWLEDGEMENT FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you receive no error messages on the scenarios. All Business Rule violations must be corrected in order to pass ATS.

## FINAL TRANSMISSION

When you receive no rejects, you will then be required to transmit the returns in two separate, same-day transmissions in order to test the ability of your software to increment the TransmissionID number that appears in the Transmission Header. If you have included the Form 4868 test scenarios in your testing, include these tests in the second transmission.

## COMMUNICATIONS TEST FOR THE MeF SYSTEM

For Forms 1040 and 4868, the IRS allows two means of transmission for MeF, Application-to-Application (A2A) and Internet Filing Application (IFA). The Electronic Management System (EMS) is not an option for MeF.

- If you will be transmitting returns through A2A, you must perform the Communications Test through A2A.
- If you will be transmitting returns through IFA, you must perform the Communications Test through IFA.
- If you will be transmitting returns through both portals, A2A and IFA, Communications Tests are required through both systems.

## USING YOUR OWN TEST

After passing ATS, software developers may test with their own data using their test ETIN. You must use the same taxpayer entity information (name(s) and social security number(s)) provided in the test package for your independent tests.

**Note.** Do not use any other social security numbers other than the ones shown below for test scenarios.

## **SOCIAL SECURITY NUMBERS TO USE FOR TESTING**

Use only the following approved test social security numbers in 1040 MeF ATS:

- 400-00-1001 through 400-00-1101 for federal tax returns and linked Federal/State returns
- 400-00-3500 through 400-00-8099 and 700-00-0000 through 700-00-2000 for unlinked state returns

The following business rules are applicable to 1040 MeF ATS:

R0000-129 - Primary SSN in the Return Header must be valid for testing.

R0000-130 – If Spouse SSN in the Return Header has a value, it must be valid for testing.

Test returns submitted to 1040 MeF ATS, which include primary SSN or spouse SSN outside of the ranges shown above, will reject.

## Test Scenario 1- Dawn Green

Test Scenario 1  
Taxpayer: Dawn Green  
SSN: 400-00-1031

Test Scenario 1 includes the following forms:

- Form 1040
- Form 1099-R
- Form 2210
- Schedule D (Form 1040)

Additional Instructions: Use Self –Select PIN Method for On-line Filer  
Taxpayer elects \$3 to Presidential Election Campaign  
Taxpayer is blind

Additional Instructions: **Waiver Explanation Statement**  
Waiver of \$100 is requested as part of this test scenario

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return** **2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

L  
A  
B  
E  
L

Your first name and initial

Last name

**Dawn****Green**

If a joint return, spouse's first name and initial

Last name

H  
E  
R  
E

Home address (number and street). If you have a P.O. box, see page 14.

Apt. no.

**2300 First Test Street**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

**San Francisco, CA 94102****Your social security number****4 0 0 0 0 1 0 3 1****Spouse's social security number**

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►

☒ **You** ☐ **Spouse****Filing Status****1** ☒ **Single****2** ☐ **Married filing jointly (even if only one had income)****3** ☐ **Married filing separately. Enter spouse's SSN above and full name here. ►****4** ☐ **Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►****5** ☐ **Qualifying widow(er) with dependent child (see page 16)**

Check only one box.

**Exemptions****6a** ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .**b** ☐ **Spouse** . . . . .**c Dependents:****(1)** First name Last name**(2)** Dependent's social security number**(3)** Dependent's relationship to you**(4)** ☒ if qualifying child for child tax credit (see page 17)

				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed . . . . .**Boxes checked on 6a and 6b****1****No. of children on 6c who:**• lived with you  
• did not live with you due to divorce or separation (see page 18)**Dependents on 6c not entered above****Add numbers on lines above ►****1**If more than four dependents, see page 17 and check here ► ☐**Income****7** Wages, salaries, tips, etc. Attach Form(s) W-2**8a** **Taxable** interest. Attach Schedule B if required . . . . .**b** **Tax-exempt** interest. **Do not** include on line 8a . . . . .**8b****9a** Ordinary dividends. Attach Schedule B if required . . . . .**b** Qualified dividends (see page 22) . . . . .**9b****10** Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .**11** Alimony received . . . . .**12** Business income or (loss). Attach Schedule C or C-EZ . . . . .**13** Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐**14** Other gains or (losses). Attach Form 4797 . . . . .**15a** IRA distributions . . . . .**15a****b** Taxable amount (see page 24)**16a** Pensions and annuities . . . . .**16a****200000****b** Taxable amount (see page 25)**17** Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E**18** Farm income or (loss). Attach Schedule F . . . . .**19** Unemployment compensation (see page 27) . . . . .**20a** Social security benefits . . . . .**20a****b** Taxable amount (see page 27)**21** Other income. List type and amount (see page 29) . . . . .**22** Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****Adjusted Gross Income****23** RESERVED (see page 29) . . . . .**24** Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .**25** Health savings account deduction. Attach Form 8889 . . . . .**26** Moving expenses. Attach Form 3903 . . . . .**27** One-half of self-employment tax. Attach Schedule SE . . . . .**28** Self-employed SEP, SIMPLE, and qualified plans . . . . .**29** Self-employed health insurance deduction (see page 30) . . . . .**30** Penalty on early withdrawal of savings . . . . .**31a** Alimony paid **b** Recipient's SSN ►**32** IRA deduction (see page 31) . . . . .**33** Student loan interest deduction (see page 34) . . . . .**34** RESERVED (see page 35) . . . . .**35** Domestic production activities deduction. Attach Form 8903 . . . . .**36** Add lines 23 through 31a and 32 through 35 . . . . .**37** Subtract line 36 from line 22. This is your **adjusted gross income** ►**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.**

Cat. No. 11320B

Form **1040** (2010)



**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input checked="" type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <b>39a</b> <b>1</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	4000
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit?  
See page 73  
and fill in 74b,  
74c, and 74d,  
or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		
<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)

**Sign Here**

Joint return?  
See page 15.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  ABC Company 11 Elm Street Sacramento, CA 94102		1 Gross distribution \$ 200000		OMB No. 1545-0119  <b>2010</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</b> <b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b>
		2a Taxable amount \$ 150000				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 69-0000006	RECIPIENT'S identification number 400-00-1031	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 20000		
RECIPIENT'S name Dawn Green  Street address (including apt. no.) 2300 First Test Street  City, state, and ZIP code San Francisco, CA 94102		5 Employee contributions / Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$	%	
		9a Your percentage of total distribution %		9b Total employee contributions \$		
	1st year of desig. Roth contrib.	10 State tax withheld \$ \$		11 State/Payer's state no.		12 State distribution \$ \$
Account number (see instructions)		13 Local tax withheld \$ \$		14 Name of locality		15 Local distribution \$ \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

**Underpayment of  
Estimated Tax by Individuals, Estates, and Trusts**

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

**2010**Attachment  
Sequence No. **06**

Name(s) shown on tax return

Dawn Green

Identifying number

400-00-1031

**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000?

**Yes** → **Do not file Form 2210.** You do not owe a penalty.

**No** → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

**Yes** → You do not owe a penalty. **Do not file Form 2210** (but if box **E** in Part II applies, you must file page 1 of Form 2210).

**No** → You may owe a penalty. Does any box in Part II below apply?

**Yes** → You **must** file Form 2210. Does box **B, C, or D** in Part II apply?

**No** → **Do not file Form 2210.** You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **do not file Form 2210.**

**Yes** → You must figure your penalty.

You are **not** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

**Part I Required Annual Payment**

1	Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1		
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2		
3	Refundable credits. Enter the total of your making work pay credit, earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10), credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), and health coverage tax credit	3	(	)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210</b>	4		
5	Multiply line 4 by 90% (.90)	5		
6	Withholding taxes. <b>Do not</b> include estimated tax payments (see page 3 of the instructions)	6		
7	Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210</b>	7		
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	35000	
9	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8	9		

**Next:** Is line 9 more than line 6?

- ☐ **No.** You **do not** owe a penalty. **Do not** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **do not** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
  - If box **A or E** applies (but not **B, C, or D**) file only page 1 of Form 2210. You are **not** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

**Part II Reasons for Filing.** Check applicable boxes. If none apply, **do not** file Form 2210.

- A** ☐ You request a **waiver** (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B** ☒ You request a **waiver** (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2009 or 2010, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box **B, C, or D** applies).

**Part III Short Method****Can You Use the Short Method?**

You may use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), **or**
- You paid the same amount of estimated tax on each of the four payment due dates.

**Must You Use the Regular Method?**

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, **or**
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

**Note:** If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

<b>10</b>	Enter the amount from Form 2210, line 9 . . . . .	<b>10</b>		
<b>11</b>	Enter the amount, if any, from Form 2210, line 6 . . . . .	<b>11</b>		
<b>12</b>	Enter the total amount, if any, of estimated tax payments you made (see page 3 of the instructions) . . . . .	<b>12</b>		
<b>13</b>	Add lines 11 and 12 . . . . .	<b>13</b>		
<b>14</b>	<b>Total underpayment for year.</b> Subtract line 13 from line 10. If zero or less, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210 unless you checked box E in Part II</b> . . . . .	<b>14</b>		
<b>15</b>	Multiply line 14 by <del>.0xxx</del> <b>.03571</b> ← <b>Use for testing only</b> . . . . .	<b>15</b>		
<b>16</b>	<ul style="list-style-type: none"> <li>• If the amount on line 14 was paid <b>on or after</b> 4/15/11, enter -0-.</li> <li>• If the amount on line 14 was paid <b>before</b> 4/15/11, make the following computation to find the amount to enter on line 16.</li> </ul> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           Amount on line 14         </div> <div style="margin-right: 10px;">×</div> <div style="margin-right: 10px;">Number of days paid before 4/15/11</div> <div style="margin-right: 10px;">×</div> <div> <del>.00xxx</del> <b>.00014</b> ← <b>Use for testing only</b> </div> </div>	<b>16</b>		
<b>17</b>	<b>Penalty.</b> Subtract line 16 from line 15. Enter the result here and on Form 1040, line 77; Form 1040A, line 49; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26. <b>Do not file Form 2210 unless you checked a box in Part II</b> <b>Amount waived 10.0</b> ►	<b>17</b>		

Form **2210** (2010)

**SCHEDULE D  
(Form 1040)****Capital Gains and Losses**

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **12**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule D (Form 1040).**  
▶ **Use Schedule D-1 to list additional transactions for lines 1 and 8.**

Your social security number

Dawn Green

400-00-1031

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 100 SH XYZ CO	02/01/2010	09/13/2010	8000	3000	5000
200 SH ABC CO	02/01/2010	10/04/2010	14000	17000	(3000)
2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .	2				
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) . . . . .	3				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .	4				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	5				2000
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> on page D-7 of the instructions . . . . .	6				( 1000 )
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) . . . . .	7				

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 500 SH EFG CO	08/04/2000	05/22/2010	21000	23000	(2000)
700 SH HIJ CO	01/20/2001	05/22/2010	31000	19000	12000
9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d). . . . .	10		52000		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .	12				(5000)
13 Capital gain distributions. See page D-2 of the instructions . . . . .	13				1000
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> on page D-7 of the instructions . . . . .	14				( 3000 )
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back . . . . .	15				

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>		
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>			
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.			
<b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions . . . . . ►	<b>18</b>	1000	
<b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions . . . . . ►	<b>19</b>	1000	
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below. <input checked="" type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the instructions. <b>Do not</b> complete lines 21 and 22 below.			
<b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>           . . . . .         </div> </div>	<b>21</b> (		)
<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.			
<b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.			

## Test Scenario 2- Mary White

Test Scenario 2  
Taxpayer: Mary White  
SSN: 400-00-1032

Test Scenario 2 includes the following forms:

- Form 1040
- Form W-2
- Schedule EIC
- Form 8812
- Form 8888
- Schedule M (Form 1040)

Additional Instructions: PIN Type Code = Self-Select Practitioner or "S"  
Third Party Designee selected  
Paid Preparer Used  
Taxpayer elects NOT to include nontaxable combat pay  
as earned income in EIC computation.

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

L  
A  
B  
E  
L

Your first name and initial

Last name

**Mary****White**

If a joint return, spouse's first name and initial

Last name

H  
E  
R  
E

Home address (number and street). If you have a P.O. box, see page 14.

Apt. no.

**42nd Test Avenue****6**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

**Newark, NJ 07102****Your social security number****4 0 0 0 0 1 0 3 2****Spouse's social security number**

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ▶

☒ **You**☐ **Spouse****Filing Status**1 ☐ **Single**2 ☐ **Married filing jointly (even if only one had income)**3 ☐ **Married filing separately. Enter spouse's SSN above and full name here. ▶**4 ☒ **Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶**5 ☐ **Qualifying widow(er) with dependent child (see page 16)**

Check only one box.

**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .b ☐ **Spouse** . . . . .c **Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)**Sara White****4 0 0 0 0 1 0 2 5****daughter**☐**John White****4 0 0 0 0 1 0 2 4****child**☒**Michael White****4 0 0 0 0 1 0 2 3****brother**☐**Lisa White****4 0 0 0 0 1 0 2 2****niece**☒

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b****1****No. of children on 6c who:**• **lived with you**  
• **did not live with you due to divorce or separation (see page 18)****3****Dependents on 6c not entered above****1****Add numbers on lines above ▶****5**If more than four dependents, see page 17 and check here ▶ ☐**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if requiredb **Tax-exempt** interest. **Do not** include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 22)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation (see page 27)

20a Social security benefits

21 Other income. List type and amount (see page 29)

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****Adjusted Gross Income**23 **RESERVED** (see page 29)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 34)

34 **RESERVED** (see page 35)

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.**

Cat. No. 11320B

Form **1040** (2010)



**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> }		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	0

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	1826
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	1000
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		
<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name <b>Jack Brown</b>	Phone no. <b>(555)555-5555</b>	Personal identification number (PIN) <b>8 2 3 1 6</b>
-----------------------------------	--------------------------------	---

**Sign Here**

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <b>Ellen Grey</b>	Date <b>04/14/2011</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00000001</b>
Firm's name (or yours if self-employed), address, and ZIP code <b>Grey Accounting 600 4th Test Street Buffalo, NY 14202</b>	EIN <b>6 9 0 0 0 0 0 0 3</b>	Phone no. <b>(555) 555-5555</b>	

		<b>a Employee's social security number</b> 400-00-1032		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b Employer identification number (EIN)</b> 69-0000004				<b>1 Wages, tips, other compensation</b> 27,000		<b>2 Federal income tax withheld</b> 1,000					
<b>c Employer's name, address, and ZIP code</b>  THE STATION 5 PLUM STREET NEWARK, NJ 07102				<b>3 Social security wages</b> 29,000		<b>4 Social security tax withheld</b> 1,798					
				<b>5 Medicare wages and tips</b> 29,000		<b>6 Medicare tax withheld</b> 421					
				<b>7 Social security tips</b>		<b>8 Allocated tips</b>					
<b>d Control number</b>				<b>9 Advance EIC payment</b> 1,826		<b>10 Dependent care benefits</b>					
<b>e Employee's first name and initial      Last name      Suff.</b>  MARY WHITE 5 ORANGE GROVE NEWARK, NJ 07102				<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> Code					
				<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> Code Q 2,000					
				<b>14 Other</b>		<b>12c</b> Code					
						<b>12d</b> Code					
<b>f Employee's address and ZIP code</b>											
<b>15 State</b> Employer's state ID number NJ      69-0000005		<b>16 State wages, tips, etc.</b> 27,000		<b>17 State income tax</b> 500		<b>18 Local wages, tips, etc.</b>		<b>19 Local income tax</b>		<b>20 Locality name</b>	

Form **W-2** Wage and Tax Statement

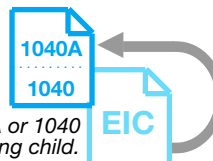
2010

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

**SCHEDULE EIC**  
**(Form 1040A or 1040)****Earned Income Credit**

## Qualifying Child Information



OMB No. 1545-0074

**2010**Attachment  
Sequence No. **43**Department of the Treasury  
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Name(s) shown on return

MARY WHITE

Your social security number

400-00-1032

**Before you begin:**

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	SARA	WHITE	MICHAEL	WHITE	JOHN	WHITE
<b>2 Child's SSN</b> The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2010. If your child was born and died in 2010 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	400-00-2002		400-00-2004		400-00-2003	
<b>3 Child's year of birth</b>	Year <u>1</u> <u>9</u> <u>9</u> <u>0</u> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>1</u> <u>9</u> <u>8</u> <u>9</u> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> <i>If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Continue.</i>		<input type="checkbox"/> <b>Yes.</b> <input checked="" type="checkbox"/> <b>No.</b> <i>Go to line 5. Continue.</i>		<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Continue.</i>	
<b>b</b> Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Continue.</i> The child is not a qualifying child.		<input checked="" type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Continue.</i> The child is not a qualifying child.		<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Continue.</i> The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter		Brother		Child	
<b>6 Number of months child lived with you in the United States during 2010</b>  • If the child lived with you for more than half of 2010 but less than 7 months, enter "7." • If the child was born or died in 2010 and your home was the child's home for the entire time he or she was alive during 2010, enter "12."	<u>8</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>KC</u> months <i>Do not enter more than 12 months.</i>	

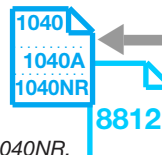
For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 13339M

Schedule EIC (Form 1040A or 1040) 2010

Form **8812****Additional Child Tax Credit**Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.



OMB No. 1545-0074

**2010**Attachment  
Sequence No. **47**

Name(s) shown on return

**Mary White**

Your social security number

**400-00-1002****Part I All Filers**

- 1 1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).
- 1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).
- 1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).

If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.

- 2** Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48 . . . . . **2**
- 3** Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit . . . . . **3**
- 4a** Earned income (see instructions on back) . . . . . **4a** **29000**
- b** Nontaxable combat pay (see instructions on back) . . . . . **4b** **2000**
- 5** Is the amount on line 4a more than \$3,000?  
☐ **No.** Leave line 5 blank and enter -0- on line 6.  
☒ **Yes.** Subtract \$3,000 from the amount on line 4a. Enter the result . . . . . **5** **26000**
- 6** Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . **6**
- Next.** Do you have three or more qualifying children?  
☐ **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the **smaller** of line 3 or line 6 on line 13.  
☒ **Yes.** If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

**Part II Certain Filers Who Have Three or More Qualifying Children**

- 7** Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back . . . . . **7**
- 8 1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60.
- 1040A filers:** Enter -0-.
- 1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 59.
- 9** Add lines 7 and 8 . . . . . **9**
- 10 1040 filers:** Enter the total of the amounts from Form 1040, lines 64a and 69.
- 1040A filers:** Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions on back).
- 1040NR filers:** Enter the amount from Form 1040NR, line 64.
- 11** Subtract line 10 from line 9. If zero or less, enter -0- . . . . . **11** **0**
- 12** Enter the **larger** of line 6 or line 11 . . . . . **12**
- Next,** enter the **smaller** of line 3 or line 12 on line 13.

**Part III Additional Child Tax Credit**

- 13 This is your additional child tax credit** . . . . . **13**

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 42, or  
Form 1040NR, line 62.



**SCHEDULE M**  
**(Form 1040A or 1040)****Making Work Pay Credit**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040A or 1040.**▶ **See separate instructions.****2010**  
Attachment  
Sequence No. **166**

Name(s) shown on return

Mary White

Your social security number

400-00-1032



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☐ **No.** Enter your earned income (see instructions) . . . . . **1a**

**b** Nontaxable combat pay included on line 1a  
(see instructions) . . . . . **1b****2** Multiply line 1a by 6.2% (.062) . . . . . **2****3** Enter \$400 (\$800 if married filing jointly) . . . . . **3****4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4**

400

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5****6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6****7** Is the amount on line 5 more than the amount on line 6?

- ☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☐ **Yes.** Subtract line 6 from line 5 . . . . . **7**

**8** Multiply line 7 by 2% (.02) . . . . . **8****9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . . **9****10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10**

0

**11 Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11**

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

### Test Scenario 3 – Jeff Brown

Test Scenario 3  
Taxpayer: Jeff Brown  
SSN: 400-00-1033

Test Scenario 3 includes the following forms:

- Form 1040
- Form W-2
- Form 2106
- Form 8283
- Schedule A (Form 1040)
- Schedule B (Form 1040)

Additional Instructions: PIN Type Code = “Practitioner”

Taxpayer is not covered by a retirement plan  
Taxpayer included occupation (Paralegal) and phone  
Number (555-555-5511)  
For the Qualified Motor Vehicle Taxes the \$49,500 vehicle  
Was bought in a state with a fixed general sales tax rate of 6%

The following 4 attachments are included in test scenario 3:

Other Deductible Tax Statement (Form 1040 Schedule A) Line 8

Description	Amount
Test Item 1	100
Test Item 2	200

Form 1098 Recipient Name TIN Address Statement  
(Form 1040 Schedule A Line 11)

Name of Recipient	Identifying Number	Address
Tom Orange	400-00-1005	7 Test Road NY, NY 10007

Other Expenses Statement (Form 1040 Schedule A) Line 23

Description	Amount
Safe Deposit Box	100

Other Miscellaneous Deductions Statement

Description	Amount
Federal Estate Tax	100



Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return** **2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

Jeff

Last name

Brown

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

**5 Third Test Street**

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

**New York, NY 10007****Your social security number****4 0 0 0 1 0 3 3****Spouse's social security number****4 0 0 0 1 0 0 9**

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►

☐ You☐ Spouse**Filing Status**1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ► **WANDA BROWN**4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only one box.

**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .b ☐ **Spouse** . . . . .**c Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)

				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b****1****No. of children on 6c who:**• lived with you  
• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ► **1**If more than four dependents, see page 17 and check here ► ☐**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if required . . . . .b **Tax-exempt** interest. **Do not** include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends (see page 22) . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

15a

b Taxable amount (see page 24)

16a Pensions and annuities . . . . .

16a

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation (see page 27) . . . . .

20a Social security benefits . . . . .

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29) . . . . .

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****Adjusted Gross Income**

23 RESERVED (see page 29) . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

25 Health savings account deduction. Attach Form 8889 . . . . .

26 Moving expenses. Attach Form 3903 . . . . .

27 One-half of self-employment tax. Attach Schedule SE . . . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

29 Self-employed health insurance deduction (see page 30) . . . . .

30 Penalty on early withdrawal of savings . . . . .

31a Alimony paid b Recipient's SSN ►

32 IRA deduction (see page 31) . . . . .

33 Student loan interest deduction (see page 34) . . . . .

34 RESERVED (see page 35) . . . . .

35 Domestic production activities deduction. Attach Form 8903 . . . . .

36 Add lines 23 through 31a and 32 through 35 . . . . .

37 Subtract line 36 from line 22. This is your **adjusted gross income** ►**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.**

Cat. No. 11320B

Form **1040** (2010)



**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	22000
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		
<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name <b>Jack Brown</b>	Phone no. <b>(555) 555-5555</b>	Personal identification number (PIN) <b>8 2 3 1 6</b>
-----------------------------------	---------------------------------	---

**Sign Here**

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<b>Paralegal</b>			<b>(555) 555-5511</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <b>Ellen Grey</b>	Date <b>04/14/2011</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00000001</b>
Firm's name (or yours if self-employed), address, and ZIP code <b>Grey Accounting 600 4th Test Street Buffalo, NY 14202</b>	EIN <b>6 9 0 0 0 0 0 0 3</b>	Phone no. <b>(555) 555-5995</b>	

		<b>a</b> Employee's social security number <div style="border: 1px solid black; padding: 2px; display: inline-block;">400-00-1033</div>		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) 69-0000002				<b>1</b> Wages, tips, other compensation <div style="text-align: right;">113,000</div>		<b>2</b> Federal income tax withheld <div style="text-align: right;">22,000</div>					
<b>c</b> Employer's name, address, and ZIP code  <div style="text-align: center;">             THE LAW FIRM              3 APRICOT DR              BUFFALO, NY 14202           </div>				<b>3</b> Social security wages <div style="text-align: right;">106,800</div>		<b>4</b> Social security tax withheld <div style="text-align: right;">6,622</div>					
				<b>5</b> Medicare wages and tips <div style="text-align: right;">113,000</div>		<b>6</b> Medicare tax withheld <div style="text-align: right;">1,639</div>					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff.  <div style="text-align: center;">             JEFF BROWN              5 THIRD TEST AVE              NEW YORK, NY 10007           </div>				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/> </div>		<b>12b</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
				<b>14</b> Other		<b>12c</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
						<b>12d</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State      Employer's state ID number NY      69-0000004		<b>16</b> State wages, tips, etc. <div style="text-align: right;">113,000</div>		<b>17</b> State income tax <div style="text-align: right;">3,500</div>		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2010

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

Form **2106**  
 Department of the Treasury  
 Internal Revenue Service (99)

# Employee Business Expenses

OMB No. 1545-0074

**2010**  
 Attachment  
 Sequence No. **129**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Your name

Jeff Brown

Occupation in which you incurred expenses

PARALEGAL

Social security number

400-00-1033

## Part I Employee Business Expenses and Reimbursements

### Step 1 Enter Your Expenses

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	2	176
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	3	300
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	4	100
5 Meals and entertainment expenses (see instructions) . . . . .	5	1100
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	6	

**Note:** If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

### Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) . . . . .	7	500	100
--	---	-----	-----

### Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . . .	8	2500	1000
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) . . . . .	9	2500	500
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9).</b> (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . . . . . ▶	10		

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11700N

Form **2106** (2010)

**Part II Vehicle Expenses****Section A—General Information** (You must complete this section if you are claiming vehicle expenses.)

	(a) Vehicle 1	(b) Vehicle 2
<b>11</b> Enter the date the vehicle was placed in service . . . . .	<b>11</b> 02 / 17 / 2010	/ /
<b>12</b> Total miles the vehicle was driven during 2010 . . . . .	<b>12</b> 20000 miles	miles
<b>13</b> Business miles included on line 12 . . . . .	<b>13</b> 8000 miles	miles
<b>14</b> Percent of business use. Divide line 13 by line 12 . . . . .	<b>14</b> 40 %	%
<b>15</b> Average daily roundtrip commuting distance . . . . .	<b>15</b> 50 miles	miles
<b>16</b> Commuting miles included on line 12 . . . . .	<b>16</b> 1500 miles	miles
<b>17</b> Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	<b>17</b> 10500 miles	miles
<b>18</b> Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>19</b> Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>20</b> Do you have evidence to support your deduction? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>21</b> If "Yes," is the evidence written? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Section B—Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

<b>22</b> Multiply line 13 by 50¢ (.50). Enter the result here and on line 1 . . . . .	<b>22</b>
--	-----------

**Section C—Actual Expenses**

	(a) Vehicle 1	(b) Vehicle 2
<b>23</b> Gasoline, oil, repairs, vehicle insurance, etc. . . . .	<b>23</b> 3000	
<b>24a</b> Vehicle rentals . . . . .	<b>24a</b> 100	
<b>b</b> Inclusion amount (see instructions) . . . . .	<b>24b</b>	
<b>c</b> Subtract line 24b from line 24a . . . . .	<b>24c</b> 100	
<b>25</b> Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) . . . . .	<b>25</b>	
<b>26</b> Add lines 23, 24c, and 25. . . . .	<b>26</b> 3100	
<b>27</b> Multiply line 26 by the percentage on line 14 . . . . .	<b>27</b> 1240	
<b>28</b> Depreciation (see instructions) . . . . .	<b>28</b> 1184	
<b>29</b> Add lines 27 and 28. Enter total here and on line 1 . . . . .	<b>29</b> 2424	

**Section D—Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

	(a) Vehicle 1	(b) Vehicle 2
<b>30</b> Enter cost or other basis (see instructions) . . . . .	<b>30</b> 30000	
<b>31</b> Enter section 179 deduction (see instructions) . . . . .	<b>31</b>	
<b>32</b> Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). . . . .	<b>32</b>	
<b>33</b> Enter depreciation method and percentage (see instructions) . . . . .	<b>33</b> SL 10	
<b>34</b> Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	<b>34</b>	
<b>35</b> Add lines 31 and 34 . . . . .	<b>35</b>	
<b>36</b> Enter the applicable limit explained in the line 36 instructions . . . . .	<b>36</b> 2960	
<b>37</b> Multiply line 36 by the percentage on line 14 . . . . .	<b>37</b>	
<b>38</b> Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above . . . . .	<b>38</b> 1184	

**Noncash Charitable Contributions**▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**▶ **See separate instructions.**

OMB No. 1545-0908

Attachment  
Sequence No. **155**

Name(s) shown on your income tax return

**JEFF BROWN**

Identifying number

**400-00-1033****Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	XYZ HOUSE 50 M STREET, KANSAS CITY KS 66101	PERSONAL COMPUTERS
B	ABC MUSEUM 9 K STREET, KANSAS CITY KS 66101	COIN COLLECTIONS
C		
D		
E		

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	09/06/2010	10/2008	PURCHASE	5000	3000	COMPARABLE SALES
B	08/09/2010	05/1990	PURCHASE		9000	CATALOG
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ **B**.  
If Part II applies to more than one property, attach a separate statement.**b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ **5000**.  
**(2)** For any prior tax years ▶ **2000**.**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

**TEST CHARITY ORGANIZATION**

Address (number, street, and room or suite no.)

**100 TEST CHARITY ADDRESS**

City or town, state, and ZIP code

**NEW YORK, NY 10007****d** For tangible property, enter the place where the property is located or kept ▶ **TEST BANK****e** Name of any person, other than the donee organization, having actual possession of the property ▶ **BANK PRESIDENT****3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .

Yes	No
	✓

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .

	✓

**c** Is there a restriction limiting the donated property for a particular use? . . . . .

	✓
--	---

**SCHEDULE A  
(Form 1040)****Itemized Deductions**

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **07**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Jeff Brown**Your social security number****400-00-1033**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1) . . . . .	1	10250	
	2	Enter amount from Form 1040, line 38 <u>2</u>			
	3	Multiply line 2 by 7.5% (.075) . . . . .	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .			4
<b>Taxes You Paid</b> (See page A-2.)	5	State and local income taxes . . . . .	5	3500	
	6	Real estate taxes (see page A-5) . . . . .	6	500	
	7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009) . . . . .	7	2970	
	8	Other taxes. List type and amount ▶ <u>Test item1 100</u> <u>Test item2 200</u>	8	300	
	9	Add lines 5 through 8 . . . . .			9
<b>Interest You Paid</b> (See page A-6.)  <b>Note.</b> Your mortgage interest may be limited (see page A-X).	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	3200	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ <u>Tom Orange 400-00-1005</u> <u>7 Test Road NY, NY 10007</u>	11	200	
	12	Points not reported to you on Form 1098. See page A-7 for special rules . . . . .	12	200	
	13	Mortgage insurance premiums (see page A-7). . . . .	13		
	14	Investment interest. Attach Form 4952 if required. (See page A-8.) . . . . .	14	200	
	15	Add lines 10 through 14 . . . . .			15
	16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 . . . . .	16	600	
	17	Other than by cash or check. If any gift of \$250 or more, see page A-8. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	8000	
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see page A-8.	18	Carryover from prior year . . . . .	18	100	
	19	Add lines 16 through 18 . . . . .			19
	20	Casualty or theft loss(es). Attach Form 4684. (See page A-10.) . . . . .			20
<b>Job Expenses and Certain Miscellaneous Deductions</b> (See page A-10.)	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ . . . . .	21	3000	
	22	Tax preparation fees . . . . .	22	100	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶ <u>Safe Deposit Box</u>	23	100	
	24	Add lines 21 through 23 . . . . .	24		
	25	Enter amount from Form 1040, line 38 <u>25</u>			
	26	Multiply line 25 by 2% (.02) . . . . .	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .			27
<b>Other Miscellaneous Deductions</b>	28	Other—from list on page A-11. List type and amount ▶ <u>Federal Estate Tax 100</u>			28
					100
<b>Total Itemized Deductions</b>	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a . . . . .	29		
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> . . . . .			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2010

**SCHEDULE B**  
**(Form 1040A or 1040)****Interest and Ordinary Dividends**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **08**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040A or 1040.**▶ **See instructions on back.**Name(s) shown on return  
JEFF BROWNYour social security number  
400-00-1033**Part I**  
**Interest**(See instructions  
on back and the  
instructions for  
Form 1040A, or  
Form 1040,  
line 8a.)**Note.** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶
- SELLER FINANCED INTERST PAYER 1  
300 SCH B TEST ADDRESS  
NY, NY 10007  
400-00-1111  
700  
INTEREST PAYER 1  
INTEREST PAYER 2  
NOMINEE PAYER 1  
NOMINEE PAYER 2  
INTEREST SUBTOTAL 4000  
NOMINEE DISTRUBUTION 1000
- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶

**Note.** If line 4 is over \$1,500, you must complete Part III.**Part II**  
**Ordinary Dividends**(See instructions  
on back and the  
instructions for  
Form 1040A, or  
Form 1040,  
line 9a.)**Note.** If you  
received a Form  
1099-DIV or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5** List name of payer ▶ DIVIDEND PAYER 1  
DIVIDEND PAYER 2  
DIVIDEND PAYER 3  
DIVIDEND PAYER 4
- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶

**Note.** If line 6 is over \$1,500, you must complete Part III.**Part III**  
**Foreign Accounts and Trusts**(See  
instructions on  
back.)You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1 . . . . .
- b** If "Yes," enter the name of the foreign country ▶
- 8** During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back . . . . .

Yes	No
	✓
	✓



Test Scenario 4 – John Black

Test Scenario 4  
Taxpayer: John Black  
SSN: 400-00-1034

Test Scenario 4 includes the following forms:

- Form 1040
- Form W-2
- Form 8880
- Schedule E (Form 1040)
- Schedule M (Form 1040)
- Schedule R (Form 1040)

Taxpayer's Occupation: SALES ASSOCIATE

Additional Instructions: Use Self –Select PIN for On-Line Filer  
Taxpayer was born before January 2, 1945



Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

L  
A  
B  
E  
L

Your first name and initial

**John**

Last name

**Black**

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

**17 Professional Blvd**

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

**Atlanta, GA 30314****Your social security number****4 0 0 0 0 1 0 3 4****Spouse's social security number**

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ▶

☒ **You** ☐ **Spouse****Filing Status**

Check only one box.

**1** ☒ **Single****2** ☐ **Married filing jointly (even if only one had income)****3** ☐ **Married filing separately. Enter spouse's SSN above and full name here. ▶****4** ☐ **Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶****5** ☐ **Qualifying widow(er) with dependent child (see page 16)****Exemptions**If more than four dependents, see page 17 and check here ▶ ☐**6a** ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .**b** ☐ **Spouse** . . . . .**c Dependents:****(1) First name****Last name****(2) Dependent's social security number****(3) Dependent's relationship to you****(4)** ☒ **if qualifying child for child tax credit (see page 17)****Ralph****Black****4 0 0 0 0 1 0 2 6****parent****Boxes checked on 6a and 6b****1****No. of children on 6c who:**• **lived with you**  
• **did not live with you due to divorce or separation (see page 18)****Dependents on 6c not entered above****1****Add numbers on lines above ▶****2****d** **Total number of exemptions claimed** . . . . .**Income****Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****7** **Wages, salaries, tips, etc. Attach Form(s) W-2** . . . . .**8a** **Taxable interest. Attach Schedule B if required** . . . . .**b** **Tax-exempt interest. Do not include on line 8a** . . . . .**8b****98****9a** **Ordinary dividends. Attach Schedule B if required** . . . . .**b** **Qualified dividends (see page 22)** . . . . .**9b****10** **Taxable refunds, credits, or offsets of state and local income taxes (see page 23)** . . . . .**11** **Alimony received** . . . . .**12** **Business income or (loss). Attach Schedule C or C-EZ** . . . . .**13** **Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶** ☐**14** **Other gains or (losses). Attach Form 4797** . . . . .**15a** **IRA distributions** . . . . .**15a****b** **Taxable amount (see page 24)****16a** **Pensions and annuities** . . . . .**16a****b** **Taxable amount (see page 25)****17** **Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E** . . . . .**18** **Farm income or (loss). Attach Schedule F** . . . . .**19** **Unemployment compensation (see page 27)** . . . . .**20a** **Social security benefits** . . . . .**20a****b** **Taxable amount (see page 27)****21** **Other income. List type and amount (see page 29)** . . . . .**22** **Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶****Adjusted Gross Income****23** **RESERVED (see page 29)** . . . . .**24** **Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ** . . . . .**25** **Health savings account deduction. Attach Form 8889** . . . . .**26** **Moving expenses. Attach Form 3903** . . . . .**27** **One-half of self-employment tax. Attach Schedule SE** . . . . .**28** **Self-employed SEP, SIMPLE, and qualified plans** . . . . .**29** **Self-employed health insurance deduction (see page 30)** . . . . .**30** **Penalty on early withdrawal of savings** . . . . .**31a** **Alimony paid** **b** **Recipient's SSN ▶** . . . . .**32** **IRA deduction (see page 31)** . . . . .**33** **Student loan interest deduction (see page 34)** . . . . .**34** **RESERVED (see page 35)** . . . . .**35** **Domestic production activities deduction. Attach Form 8903** . . . . .**36** **Add lines 23 through 31a and 32 through 35** . . . . .**37** **Subtract line 36 from line 22. This is your adjusted gross income ▶**

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input checked="" type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>1</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> } <b>39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input checked="" type="checkbox"/> <b>Sch R</b>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number <b>2 5 4 0 0 3 7 8</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <b>7 2 2 3 6 0</b>		

**Amount You Owe**

<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	
<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name <b>Jack Brown</b>	Phone no. <b>(555) 555-5555</b>	Personal identification number (PIN) <b>8 2 3 1 6</b>
-----------------------------------	---------------------------------	---

**Sign Here**


Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date <b>4/1/10</b>	Your occupation <b>Sales Associate</b>	Daytime phone number <b>(555)555-5556</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

		<b>a Employee's social security number</b> 400-00-1034		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>		 Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b Employer identification number (EIN)</b> 69-0000007				<b>1 Wages, tips, other compensation</b> 5,062		<b>2 Federal income tax withheld</b> 200			
<b>c Employer's name, address, and ZIP code</b> Russ Company 3rd Test Ave Atlanta, GA 30345				<b>3 Social security wages</b> 5,062		<b>4 Social security tax withheld</b> 314			
				<b>5 Medicare wages and tips</b> 5,062		<b>6 Medicare tax withheld</b> 73			
				<b>7 Social security tips</b>		<b>8 Allocated tips</b>			
<b>d Control number</b>				<b>9 Advance EIC payment</b>		<b>10 Dependent care benefits</b>			
<b>e Employee's first name and initial</b> <b>Last name</b> <b>Suff.</b>  John Black 17 Professional Blvd Atlanta, GA 30314				<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> C o d e			
				<b>13</b> <small>Statutory employee</small> <small>Retirement plan</small> <small>Third-party sick pay</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e			
				<b>14 Other</b>		<b>12c</b> C o d e			
						<b>12d</b> C o d e			
<b>f Employee's address and ZIP code</b>									
<b>15 State</b> <b>Employer's state ID number</b> GA      69-0000008		<b>16 State wages, tips, etc.</b> 5,062		<b>17 State income tax</b> 55		<b>18 Local wages, tips, etc.</b>		<b>19 Local income tax</b>	

Form **W-2** **Wage and Tax Statement**

**2010**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

Form **8880****Credit for Qualified Retirement Savings Contributions**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See instructions on back.

**2010**  
Attachment  
Sequence No. **54**

Name(s) shown on return

**JOHN BLACK**

Your social security number

**400-00-1034**You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$27,750 (\$41,625 if head of household; \$55,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 1993, **(b)** is claimed as a dependent on someone else's 2010 tax return, or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions for 2010. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2010 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2007 and **before** the due date (including extensions) of your 2010 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit . . . . .
- Enter the amount from Form 1040, line 38\*; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1	1000	
2	0	
3		
4	0	
5		
6		
7		
8		

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$16,750	.5	.5	.5
\$16,750	\$18,000	.5	.5	.2
\$18,000	\$25,125	.5	.5	.1
\$25,125	\$27,000	.5	.2	.1
\$27,000	\$27,750	.5	.1	.1
\$27,750	\$33,500	.5	.1	.0
\$33,500	\$36,000	.2	.1	.0
\$36,000	\$41,625	.1	.1	.0
\$41,625	\$55,500	.1	.0	.0
\$55,500	---	.0	.0	.0

**Note:** If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9 . . . . .
- Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 . . . . .

- 1040 filers:** Enter the total of your credits from lines 47 through 49, plus the amounts, if any, from line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 5695, line 11; Form 8396, line 9; Form 8859, line 3; and Schedule R, line 22.
- 1040A filers:** Enter the total of your credits from lines 29 through 31, plus the amount, if any, from line 12 of the Line 11 Worksheet in Pub. 972 (see instructions).
- 1040NR filers:** Enter the total of your credits from lines 45 and 46, plus the amounts, if any, from line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 5695, line 11; Form 8396, line 9; and Form 8859, line 3.

10		
11		
12		
13		
14		

- Subtract line 12 from line 11. If zero, **stop**; you cannot take this credit . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 13 here and on Form 1040, line 50; Form 1040A, line 32; or Form 1040NR, line 47 . . . . .

\*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

**SCHEDULE E**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **13**

John Black

Your social security number

400-00-1034

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	Yes	No
A	TOWNHOUSE 420 APPLE WAY, DECATUR, GA 30035			A	X
B	MOBILE HOME 120 ORANGE STREET, SAVANNAH, GA 31412			B	X
C				C	

Income:		Properties			Totals (Add columns A, B, and C.)	
		A	B	C		
3	Rents received	3	10000	8000		3
4	Royalties received	4			1000	4
<b>Expenses:</b>						
5	Advertising	5	1000			
6	Auto and travel (see page E-4)	6		100		
7	Cleaning and maintenance	7	200			
8	Commissions	8	100			
9	Insurance	9		100		
10	Legal and other professional fees	10	200			
11	Management fees	11		100		
12	Mortgage interest paid to banks, etc. (see page E-5)	12	1500	1500		12
13	Other interest	13		100		
14	Repairs	14	1000	1000		
15	Supplies	15		100		
16	Taxes	16	2000	1500		
17	Utilities	17		200		
18	Other (list) ▶		500		100	
			100	200		
		18	100	100	300	
			300		100	
19	Add lines 5 through 18.	19	7000	5000	500	19
20	Depreciation expense or depletion (see page E-5)	20				20
21	Total expenses. Add lines 19 and 20	21	7000	5000	500	
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file <b>Form 6198</b>	22	3000	3000	500	
23	Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file <b>Form 8582</b> . Real estate professionals must complete line 43 on page 2	23	( )	( )	( )	
24	<b>Income.</b> Add positive amounts shown on line 22. <b>Do not</b> include any losses	24				
25	<b>Losses.</b> Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25	( )			
26	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				

**SCHEDULE M**  
**(Form 1040A or 1040)****Making Work Pay Credit**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040A or 1040.**▶ **See separate instructions.****2010**  
Attachment  
Sequence No. **166**

Name(s) shown on return

John Black

Your social security number

400-00-1034



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☐ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☒ **No.** Enter your earned income (see instructions) . . . . . **1a**

**b** Nontaxable combat pay included on line 1a  
(see instructions) . . . . . **1b****2** Multiply line 1a by 6.2% (.062) . . . . . **2****3** Enter \$400 (\$800 if married filing jointly) . . . . . **3****4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4****5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5****6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6****7** Is the amount on line 5 more than the amount on line 6?

- ☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☐ **Yes.** Subtract line 6 from line 5 . . . . . **7**

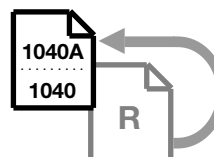
**8** Multiply line 7 by 2% (.02) . . . . . **8****9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . . **9****10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10**

**11** **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11**

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.



**Schedule R  
(Form 1040A  
or 1040)**Department of the Treasury  
Internal Revenue Service (99)**Credit for the Elderly or the Disabled***Complete and attach to Form 1040A or 1040.*

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **16**

Name(s) shown on Form 1040A or 1040

John Black

Your social security number

400-00-1034

You may be able to take this credit and reduce your tax if by the end of 2010:

- You were age 65 or older **or**
- You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See page R-1 of the instructions.



In most cases, the IRS can figure the credit for you. See page R-1 of the instructions.

**Part I Check the Box for Your Filing Status and Age**

If your filing status is:	And by the end of 2010:	Check only one box:
Single, Head of household, or Qualifying widow(er)	<b>1</b> You were 65 or older . . . . .	<b>1</b> <input checked="" type="checkbox"/>
	<b>2</b> You were under 65 and you retired on permanent and total disability . . . . .	<b>2</b> <input type="checkbox"/>
Married filing jointly	<b>3</b> Both spouses were 65 or older . . . . .	<b>3</b> <input type="checkbox"/>
	<b>4</b> Both spouses were under 65, but only one spouse retired on permanent and total disability . . . . .	<b>4</b> <input type="checkbox"/>
	<b>5</b> Both spouses were under 65, and both retired on permanent and total disability . . . . .	<b>5</b> <input type="checkbox"/>
	<b>6</b> One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability . . . . .	<b>6</b> <input type="checkbox"/>
	<b>7</b> One spouse was 65 or older, and the other spouse was under 65 and <b>not</b> retired on permanent and total disability . . . . .	<b>7</b> <input type="checkbox"/>
Married filing separately	<b>8</b> You were 65 or older and you lived apart from your spouse for all of 2010 . . . . .	<b>8</b> <input type="checkbox"/>
	<b>9</b> You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2010 . . . . .	<b>9</b> <input type="checkbox"/>

**Did you check  
box 1, 3, 7, or  
8?**

Yes



Skip Part II and complete Part III on the back.

No



Complete Parts II and III.

**Part II Statement of Permanent and Total Disability** (Complete **only** if you checked box 2, 4, 5, 6, or 9 above.)**If: 1** You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, **and**

- 2** Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 2010, check this box . . . . . **►** ☐

- If you checked this box, you do not have to get another statement for 2010.
- If you **did not** check this box, have your physician complete the statement on page R-4 of the instructions. You **must** keep the statement for your records.

**Part III Figure Your Credit**

<b>10</b>	<b>If you checked (in Part I):</b>	<b>Enter:</b>		
	Box 1, 2, 4, or 7 . . . . .	\$5,000	}	<b>10</b>
	Box 3, 5, or 6 . . . . .	\$7,500		
	Box 8 or 9 . . . . .	\$3,750		
	<b>Did you check box 2, 4, 5, 6, or 9 in Part I?</b>	<b>Yes</b> → You <b>must</b> complete line 11. <b>No</b> → Enter the amount from line 10 on line 12 and go to line 13.		
<b>11</b>	<b>If you checked (in Part I):</b>			
	<ul style="list-style-type: none"> <li>Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.</li> <li>Box 2, 4, or 9, enter your taxable disability income.</li> <li>Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.</li> </ul>	}	<b>11</b>	
<b>TIP</b>	For more details on what to include on line 11, see page R-2.			
<b>12</b>	If you completed line 11, enter the <b>smaller</b> of line 10 or line 11. <b>All others</b> , enter the amount from line 10 . . . . .			<b>12</b>
<b>13</b>	Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2010.			
<b>a</b>	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see page R-3 of the instructions.) . . . . .	<b>13a</b>		
<b>b</b>	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see page R-3 of the instructions.) . . . . .	<b>13b</b>		
<b>c</b>	Add lines 13a and 13b. (Even though these income items are not taxable, they <b>must</b> be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c . . . . .	<b>13c</b>		
<b>14</b>	Enter the amount from Form 1040A, line 22, or Form 1040, line 38 . . . . .	<b>14</b>		
<b>15</b>	<b>If you checked (in Part I):</b>	<b>Enter:</b>		
	Box 1 or 2 . . . . .	\$7,500	}	<b>15</b>
	Box 3, 4, 5, 6, or 7 . . . . .	\$10,000		
	Box 8 or 9 . . . . .	\$5,000		
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .			<b>16</b>
<b>17</b>	Enter one-half of line 16 . . . . .			<b>17</b>
<b>18</b>	Add lines 13c and 17 . . . . .			<b>18</b>
<b>19</b>	Subtract line 18 from line 12. If zero or less, <b>stop</b> ; you <b>cannot</b> take the credit. Otherwise, go to line 20 . . . . .			<b>19</b>
<b>20</b>	Multiply line 19 by 15% (.15). . . . .			<b>20</b>
<b>21</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet on page R-3 of the instructions . . . . .			<b>21</b>
<b>22</b>	<b>Credit for the elderly or the disabled.</b> Enter the <b>smaller</b> of line 20 or line 21. Also enter this amount on Form 1040A, line 30, or include on Form 1040, line 53 (check box <b>c</b> and enter "Sch R" on the line next to that box) . . . . .			<b>22</b>



## Test Scenario 5 – Stan & Sandy Blue

### Test Scenario 5

Taxpayer: Stan and Sandy Blue

Primary SSN: 400-00-1035

Secondary SSN: 400-00-1025

Test Scenario 5 includes the following forms:

- Form 1040
- Form W-2
- Form 1099-R
- Schedule A (Form 1040)
- Schedule C (Form 1040) (3)
- Schedule M (Form 1040)
- Schedule SE (Form 1040)
- Form 2210
- Form 2441
- Form 4562
- Form 8283
- Form 8829
- Form 8863
- 2 binary attachments (if software supports binary attachments): Form 8283 and Art Appraisal document

### Additional Information:

- Form 1040 Line 15 includes literal “ROLLOVER”.
- Include OtherIncomeTypeStatement for Form 1040 Line 21:

Other Income Code Text	Amount
Award	1150

- Form 8283 needs to be included as XML and one of the following is needed:
  - Form 8283 attached PDF (if software supports this process)
  - PDF indicator checked.

If your software supports binary attachments, the Form 8283 should be signed, Scanned and included in the submission with “Form 8283 Contributions Signature Document” as the Description. A second binary attachment for the art appraisal should Also be attached with “Art Appraisal” as the Description (sample included with this scenario). See Publication 4164 and the MeF Submission Composition Guide for guidance on including binary attachments with a submission.

If your software will not support binary attachments, select the Form 8283 PaperDocumentIndicator in the Return Header. Do not send in a Form 8453 with the Form 8283 to the IRS for this test scenario.

### Note:

IRS currently only accepts PDF for binary attachments. If a picture of the art is required, the picture would need to be converted to PDF and then included in the submission.

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return** **2010**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**

(See instructions on page 14.)

**Use the IRS label.**

Otherwise, please print or type.

**Presidential Election Campaign**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

**Stan**

Last name

**Blue**

If a joint return, spouse's first name and initial

**Sandy**

Last name

**Blue**

Home address (number and street). If you have a P.O. box, see page 14.

**4000 5th Test Street**

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

**St. Louis, MO 63141****Your social security number****4 0 0 | 0 0 | 1 0 3 5****Spouse's social security number****4 0 0 | 0 0 | 1 0 2 5**

▲ Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►

☒ **You**☒ **Spouse****Filing Status**1 ☐ **Single**2 ☒ **Married filing jointly (even if only one had income)**3 ☐ **Married filing separately. Enter spouse's SSN above and full name here. ►**4 ☐ **Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►**5 ☐ **Qualifying widow(er) with dependent child (see page 16)**

Check only one box.

**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .b ☒ **Spouse** . . . . .**c Dependents:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 17)**John Blue****4 0 0 | 0 0 | 1 0 3 1****son**☐☐☐☐

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b****2****No. of children on 6c who:**• lived with you  
• did not live with you due to divorce or separation (see page 18)**1****Dependents on 6c not entered above****Add numbers on lines above ►****3**If more than four dependents, see page 17 and check here ► ☐**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .

8a **Taxable** interest. Attach Schedule B if required . . . . .b **Tax-exempt** interest. **Do not** include on line 8a . . . . .**8b**

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends (see page 22) . . . . .

**9b****1000**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☒

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

**15a****20000**

b Taxable amount (see page 24)

16a Pensions and annuities . . . . .

**16a**

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation (see page 27) . . . . .

20a Social security benefits . . . . .

**20a****1000**

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29) **Award** . . . . .22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►

23 RESERVED (see page 29) . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

25 Health savings account deduction. Attach Form 8889 . . . . .

26 Moving expenses. Attach Form 3903 . . . . .

27 One-half of self-employment tax. Attach Schedule SE . . . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

29 Self-employed health insurance deduction (see page 30) . . . . .

30 Penalty on early withdrawal of savings . . . . .

31a Alimony paid b Recipient's SSN ► **4 0 0 | 0 0 | 5 0 0 4**

32 IRA deduction (see page 31) . . . . .

33 Student loan interest deduction (see page 34) . . . . .

34 RESERVED (see page 35) . . . . .

35 Domestic production activities deduction. Attach Form 8903 . . . . .

36 Add lines 23 through 31a and 32 through 35 . . . . .

37 Subtract line 36 from line 22. This is your **adjusted gross income** ►**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.****Adjusted Gross Income**

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>2</b> if: <input checked="" type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input checked="" type="checkbox"/> <b>Blind.</b> } <b>39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see page 35)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	100
<b>59</b>	<b>a</b> <input type="checkbox"/> Form W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H, line 28 <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	4000
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	100
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	

**Refund**

Direct deposit? See page 73 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number		

<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	
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**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see page 74	<b>76</b>	
<b>77</b>	Estimated tax penalty (see page 74)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)

**Sign Here**

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>Analyst</b>	Daytime phone number <b>(555)555-5558</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>Insurance Agent</b>	<b>555-555-5559</b>

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

		<b>a</b> Employee's social security number 400-00-1025		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) 69-0000002				<b>1</b> Wages, tips, other compensation <div style="text-align: right;">50,000</div>		<b>2</b> Federal income tax withheld <div style="text-align: right;">4,500</div>					
<b>c</b> Employer's name, address, and ZIP code  Test Business 3 Test Street St. Louis, MO 63141				<b>3</b> Social security wages <div style="text-align: right;">50,000</div>		<b>4</b> Social security tax withheld <div style="text-align: right;">3,100</div>					
				<b>5</b> Medicare wages and tips <div style="text-align: right;">50,000</div>		<b>6</b> Medicare tax withheld <div style="text-align: right;">725</div>					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff.  Sandy Blue 4 5th Test Street St. Louis, MO 63141				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 <div style="text-align: center;">C o d e</div>					
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/> </div>		<b>12b</b> <div style="text-align: center;">C o d e</div>					
				<b>14</b> Other		<b>12c</b> <div style="text-align: center;">C o d e</div>					
						<b>12d</b> <div style="text-align: center;">C o d e</div>					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State      Employer's state ID number MO      69-0000007		<b>16</b> State wages, tips, etc. <div style="text-align: right;">50,000</div>		<b>17</b> State income tax <div style="text-align: right;">500</div>		<b>18</b> Local wages, tips, etc. <div style="text-align: right;">50,000</div>		<b>19</b> Local income tax <div style="text-align: right;">500</div>		<b>20</b> Locality name Name 1	
KS      69-0000006		<div style="text-align: right;">50,000</div>		<div style="text-align: right;">200</div>		<div style="text-align: right;">50,000</div>		<div style="text-align: right;">600</div>		Name 2	

Form **W-2** Wage and Tax Statement

2010

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code <b>XYZ Company</b> <b>15 Oak Street</b> <b>Sacramento, CA 94203</b>		<b>1</b> Gross distribution <b>\$ 20000</b> <b>2a</b> Taxable amount <b>\$</b>		OMB No. 1545-0119 <b>2010</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
PAYER'S federal identification number <b>69-0000010</b>		RECIPIENT'S identification number <b>400-00-1035</b>		<b>2b</b> Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>	
PAYER'S federal identification number <b>69-0000010</b>		RECIPIENT'S identification number <b>400-00-1035</b>		<b>3</b> Capital gain (included in box 2a) <b>\$</b>		<b>4</b> Federal income tax withheld <b>\$</b>	
RECIPIENT'S name <b>Stan Blue</b>		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums <b>\$</b>		<b>6</b> Net unrealized appreciation in employer's securities <b>\$</b>		<b>Copy B</b> <b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b>	
Street address (including apt. no.) <b>4000 5th Test St Apt 6</b>		<b>7</b> Distribution code(s) <b>1</b>		<b>8</b> Other <b>\$</b>		This information is being furnished to the Internal Revenue Service.	
City, state, and ZIP code <b>St Louis, MO 63041</b>		<b>9a</b> Your percentage of total distribution <b>80</b> %		<b>9b</b> Total employee contributions <b>\$ 10000</b>			
1st year of desig. Roth contrib.		<b>10</b> State tax withheld <b>\$ 500</b> <b>\$ 300</b>		<b>11</b> State/Payer's state no. <b>69-0000006</b> <b>69-0000005</b>		<b>12</b> State distribution <b>\$ 5000</b> <b>\$ 5000</b>	
Account number (see instructions) <b>123456</b>		<b>13</b> Local tax withheld <b>\$ 250</b> <b>\$ 150</b>		<b>14</b> Name of locality <b>Locality 1</b> <b>Locality 2</b>		<b>15</b> Local distribution <b>\$ 5000</b> <b>\$ 5000</b>	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**Stan and Sandy Blue****Your social security number**  
**400-00-1035****Medical  
and  
Dental  
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see page A-1) . . . . . **1**
- 2** Enter amount from Form 1040, line 38 **2**
- 3** Multiply line 2 by 7.5% (.075) . . . . . **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**(See  
page A-2.)

- 5** State and local income taxes . . . . . **5** 6000
- 6** Real estate taxes (see page A-3) . . . . . **6**
- 7** New motor vehicle taxes from line 11 of the worksheet on  
back (for certain vehicles purchased in 2009) . . . . . **7**
- 8** Other taxes. List type and amount ▶ . . . . . **8**
- 9** Add lines 5 through 8 . . . . . **9** 6000

**Interest  
You Paid**(See  
page A-4.)**Note.**Your mortgage  
interest  
deduction may  
be limited (see  
page A-4).

- 10** Home mortgage interest and points reported to you on Form 1098 . . . . . **10**
- 11** Home mortgage interest not reported to you on Form 1098. If  
paid to the person from whom you bought the home, see page  
A-4 and show that person's name, identifying no., and address ▶  
. . . . . **11**
- 12** Points not reported to you on Form 1098. See page A-4 for  
special rules . . . . . **12**
- 13** Mortgage insurance premiums (see page A-4). . . . . **13**
- 14** Investment interest. Attach Form 4952 if required. (See page A-5.) . . . . . **14**
- 15** Add lines 10 through 14 . . . . . **15**

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see page A-6.

- 16** Gifts by cash or check. If you made any gift of \$250 or more,  
see page A-6 . . . . . **16**
- 17** Other than by cash or check. If any gift of \$250 or more, see  
page A-6. You **must** attach Form 8283 if over \$500 . . . . . **17** 22000
- 18** Carryover from prior year . . . . . **18**
- 19** Add lines 16 through 18 . . . . . **19** 22000

**Casualty and  
Theft Losses**

- 20** Casualty or theft loss(es). Attach Form 4684. (See page A-7.) . . . . . **20**

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**(See  
page A-7.)

- 21** Unreimbursed employee expenses—job travel, union dues,  
job education, etc. Attach Form 2106 or 2106-EZ if required.  
(See page A-7.) ▶ . . . . . **21**
- 22** Tax preparation fees . . . . . **22**
- 23** Other expenses—investment, safe deposit box, etc. List type  
and amount ▶ . . . . . **23**
- 24** Add lines 21 through 23 . . . . . **24**
- 25** Enter amount from Form 1040, line 38 **25**
- 26** Multiply line 25 by 2% (.02) . . . . . **26**
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27**

**Other  
Miscellaneous  
Deductions**

- 28** Other—from list on page A-8. List type and amount ▶ . . . . . **28**

**Total  
Itemized  
Deductions**

- 29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount  
on Form 1040, line 40 . . . . . **29** 28000
- 30** If you elect to itemize deductions even though they are less than your standard  
deduction, check here . . . . . ☐

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 17145C

Schedule A (Form 1040) 2010

**SCHEDULE C  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **09**

Name of proprietor

Stan Blue

Social security number (SSN)

400-00-1035

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

Test Construction Business

**B** Enter code from pages C-9, 10, & 11

►

**C** Business name. If no separate business name, leave blank.

Blue Test

**D** Employer ID number (EIN), if any

6 9 0 0 0 0 0 2

**E** Business address (including suite or room no.) ► 2 5th Test Street

City, town or post office, state, and ZIP code St. Louis, MO 64141

**F** Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2010? If "No," see page C-3 for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2010, check here . . . . . ► ☐**Part I Income****1** Gross receipts or sales. **Caution.** See page C-4 and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or

- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.

☐**1** 480,000**2** Returns and allowances**2** 10,000**3** Subtract line 2 from line 1**3** 470,000**4** Cost of goods sold (from line 42 on page 2)**4** 30,000**5** **Gross profit.** Subtract line 4 from line 3**5** 440,000**6** Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)**6** 10,000**7** **Gross income.** Add lines 5 and 6**7** 450,000**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.**8** Advertising**8** 10,000**9** Car and truck expenses (see page C-4)**9** 10,000**10** Commissions and fees**10** 10,000**11** Contract labor (see page C-4)**11** 40,000**12** Depletion**12** 10,000**13** Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)**13** 71,157**14** Employee benefit programs (other than on line 19)**14** 10,000**15** Insurance (other than health)**15** 10,000**16** Interest:**a** Mortgage (paid to banks, etc.)**16a** 10,000**b** Other**16b** 10,000**17** Legal and professional services**17** 10,000**18** Office expense**18** 5,000**19** Pension and profit-sharing plans**19** 5,000**20** Rent or lease (see page C-6):**a** Vehicles, machinery, and equipment**20a** 5,000**b** Other business property**20b** 5,000**21** Repairs and maintenance**21** 6,236**22** Supplies (not included in Part III)**22** 5,000**23** Taxes and licenses**23** 5,000**24** Travel, meals, and entertainment:**a** Travel**24a** 5,000**b** Deductible meals and entertainment (see page C-6)**24b** 5,000**25** Utilities**25** 5,000**26** Wages (less employment credits)**26** 150,458**27** Other expenses (from line 48 on page 2)**27** 10,000**28** **Total expenses** before expenses for business use of home. Add lines 8 through 27**28** 411,615**29** Tentative profit or (loss). Subtract line 28 from line 7**29** 38,385**30** Expenses for business use of your home. Attach **Form 8829****30** 9,621**31** **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see page C-7). Estates and trusts, enter on **Form 1041, line 3**.

- If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-7).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on **Form 1041, line 3**.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☐ All investment is at risk.**32b** ☐ Some investment is not at risk.



**Part III Cost of Goods Sold** (see page C-8)

**33** Method(s) used to value closing inventory:    **a** ☐ Cost                      **b** ☒ Lower of cost or market                      **c** ☐ Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☒ **Yes**                      ☐ **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	100,000	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	10,000	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	10,000	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	10,000	
<b>39</b> Other costs . . . . .	<b>39</b>	10,000	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	140,000	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	110,000	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . .	<b>42</b>	30,000	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year)    ▶    /    /

**44** Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

**a** Business                      **b** Commuting (see instructions)                      **c** Other

**45** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes**                      ☐ **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . . ☐ **Yes**                      ☐ **No**

**47a** Do you have evidence to support your deduction? . . . . . ☐ **Yes**                      ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes**                      ☐ **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Amortization	128	
Bad Debt	9872	
<b>48</b> <b>Total other expenses.</b> Enter here and on page 1, line 27 . . . . .	<b>48</b>	10,000



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Sandy Blue</b>		Social security number (SSN) <b>400-00-1025</b>
<b>A</b> Principal business or profession, including product or service (see page C-2 of the instructions) <b>Insurance Agent</b>		<b>B</b> Enter code from pages C-9, 10, & 11 ► <b>5 2 4 2 1 0</b>
<b>C</b> Business name. If no separate business name, leave blank.		<b>D</b> Employer ID number (EIN), if any <b>6 9 0 0 0 0 0 1</b>
<b>E</b> Business address (including suite or room no.) ► <b>4000 5th Test Street</b> City, town or post office, state, and ZIP code <b>St. Louis, MO 64041</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2010? If "No," see page C-3 for limit on losses <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2010, check here . . . . . ► <input type="checkbox"/>		

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> See page C-4 and check the box if: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <ul style="list-style-type: none"> <li>• This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or</li> <li>• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.</li> </ul> </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/> </div> </div>	<b>1</b>	<b>50,000</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>50,000</b>
<b>4</b> Cost of goods sold (from line 42 on page 2) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>50,000</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	<b>50,000</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense . . . . .	<b>18</b>	
<b>9</b> Car and truck expenses (see page C-4) . . . . .	<b>9</b>	<b>10,000</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see page C-6):		
<b>11</b> Contract labor (see page C-4) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see page C-6) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services . . . . .	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27</b> Other expenses (from line 48 on page 2) . . . . .	<b>27</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 . . . . .	<b>28</b>				
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>				
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b> . . . . .	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b>, or on <b>Form 1040NR, line 13</b> (if you checked the box on line 1, see page C-7). Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul> </div> <div style="width: 35%; text-align: center;"> </div> </div>	<b>31</b>				
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-7). <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b>, or on <b>Form 1040NR, line 13</b> (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul> </div> <div style="width: 35%; text-align: center;"> </div> </div>					

**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . . <b>42</b>

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ 08 / 09 / 2004

**44** Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

**a** Business 15,000      **b** Commuting (see instructions) 2,000      **c** Other 2,000

**45** Was your vehicle available for personal use during off-duty hours? . . . . . ☒ **Yes**      ☐ **No**

**46** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ **Yes**      ☐ **No**

**47a** Do you have evidence to support your deduction? . . . . . ☒ **Yes**      ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☒ **Yes**      ☐ **No**

<b>48 Total other expenses.</b> Enter here and on page 1, line 27 . . . . .	<b>48</b>	

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Sandy Blue</b>		Social security number (SSN) <b>400-00-1025</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>Test Business</b>		B Enter code from pages C-9, 10, & 11 ► <b>7 2 2 3 0 0</b>
C Business name. If no separate business name, leave blank. <b>Sandy Blue Business</b>		D Employer ID number (EIN), if any <b>6 9 0 0 0 0 0 4</b>
E Business address (including suite or room no.) ► <b>4000 5th Test Street</b> City, town or post office, state, and ZIP code <b>St Louis, MO 64041</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2010? If "No," see page C-3 for limit on losses <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
H If you started or acquired this business during 2010, check here <input type="checkbox"/>		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> See page C-4 and check the box if: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <ul style="list-style-type: none"> <li>• This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or</li> <li>• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.</li> </ul> </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> </div> </div>	1	100,000	
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	100,000	
4 Cost of goods sold (from line 42 on page 2)	4	20,000	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	80,000	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)	6		
7 <b>Gross income.</b> Add lines 5 and 6	7	80,000	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	10,000	18 Office expense	18	
9 Car and truck expenses (see page C-4)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see page C-6):		
11 Contract labor (see page C-4)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see page C-6)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27	28				
29 Tentative profit or (loss). Subtract line 28 from line 7	29				
30 Expenses for business use of your home. Attach <b>Form 8829</b>	30				
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.					
<ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b>, or on <b>Form 1040NR, line 13</b> (if you checked the box on line 1, see page C-7). Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>	31				
32 If you have a loss, check the box that describes your investment in this activity (see page C-7).					
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b>, or on <b>Form 1040NR, line 13</b> (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>					

32a ☐ All investment is at risk.  
32b ☐ Some investment is not at risk.

33 Method(s) used to value closing inventory:      **a** ☒ Cost                      **b** ☐ Lower of cost or market                      **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . . ☐ Yes                      ☒ No

<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	60,000	
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	10,000	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	30,000	
<b>38</b>	Materials and supplies . . . . .	<b>38</b>	10,000	
<b>39</b>	Other costs . . . . .	<b>39</b>	10,000	
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	120,000	
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	100,000	
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . .	<b>42</b>	20,000	

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

**44** Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes** ☐ **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . . ☐ **Yes** ☐ **No**

**47a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

<b>48 Total other expenses.</b> Enter here and on page 1, line 27 . . . . .	<b>48</b>	

**SCHEDULE M**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Making Work Pay Credit**

► **Attach to Form 1040A or 1040.**

► **See separate instructions.**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **166**

Name(s) shown on return

**Stan and Sandy Blue**

Your social security number

**400-00-1035**



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☐ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☒ **No.** Enter your earned income (see instructions) . . . . .

**1a** **28764**

**b** Nontaxable combat pay included on line 1a  
(see instructions) . . . . .

**1b**

**2** Multiply line 1a by 6.2% (.062) . . . . .

**2** **1783**

**3** Enter \$400 (\$800 if married filing jointly) . . . . .

**3** **800**

**4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . .

**4** **800**

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . .

**5**

**6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . .

**6** **150000**

**7** Is the amount on line 5 more than the amount on line 6?

☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.

☐ **Yes.** Subtract line 6 from line 5 . . . . .

**7**

**8** Multiply line 7 by 2% (.02) . . . . .

**8**

**9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . .

**9** **800**

**10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

☐ **No.** Enter -0- on line 10 and go to line 11.

☒ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . .

**10** **250**

**11** **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . .

**11**

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

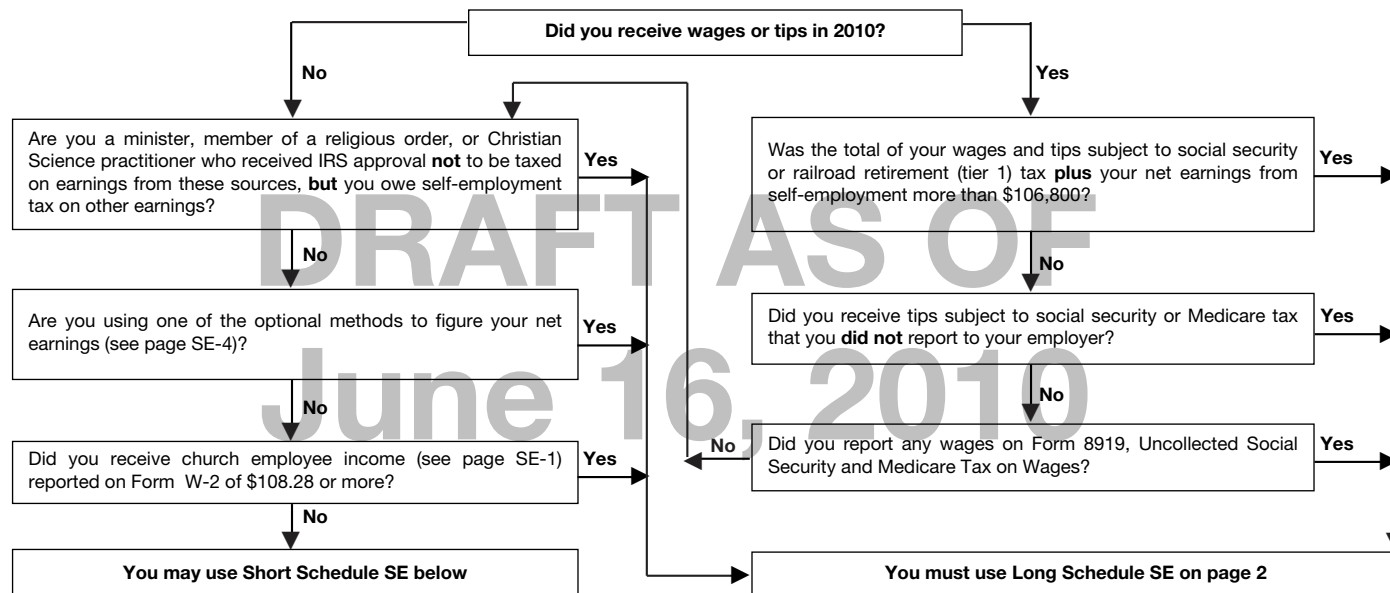
**SCHEDULE SE  
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **17**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ **See Instructions for Schedule SE (Form 1040).**Name of person with **self-employment** income (as shown on Form 1040)Social security number of person  
with **self-employment** income ▶

400-00-1035

Stan Blue

**Before you begin:** To determine if you must file Schedule SE, see the instructions on page SE-1.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, on page SE-1.**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

- 1a** Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .
- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y . . . . .
- 2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report . . . . .
- 3** Combine lines 1a, 1b, and 2 . . . . .
- 4** **Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than \$400, **do not** complete this schedule; you do not owe self-employment tax . . . . . ▶
- Note.** If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.
- 5** **Self-employment tax.** If the amount on line 4 is:
- \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 56**, or **Form 1040NR, line 54**
  - More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on **Form 1040, line 56**, or **Form 1040NR, line 54** . . . . .
- 6** **Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27**, or **Form 1040NR, line 27** . . . . .

<b>1a</b>		
<b>1b</b>	(	)
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

delete  
extra  
space

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2010



Name of person with **self-employment** income (as shown on Form 1040)  
Sandy Blue

Social security number of person  
with **self-employment** income ►

400-00-1025

**Section B—Long Schedule SE****Part I Self-Employment Tax**

**Note.** If your only income subject to self-employment tax is **church employee income**, see page SE-3 for specific instructions. Also see page SE-1 for the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

**1a** Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see page SE-4)

<b>1a</b>		
<b>1b</b>	(	)

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y

**2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see page SE-4)

<b>2</b>		
<b>3</b>		

**3** Combine lines 1a, 1b, and 2

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 **Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.

. (not :)

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

<b>4a</b>		
<b>4b</b>		

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you do not owe self-employment tax.

**Exception.** If less than \$400 and you had **church employee income**, enter -0- and continue ►

<b>4c</b>		
-----------	--	--

**5a** Enter your **church employee income** from Form W-2. See page SE-1 for definition of church employee income.

<b>5a</b>		
-----------	--	--

**b** Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-

<b>5b</b>		
-----------	--	--

**6** **Net earnings from self-employment.** Add lines 4c and 5b

<b>6</b>		
----------	--	--

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010

<b>7</b>	106,800	00
----------	---------	----

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11

<b>8a</b>		
-----------	--	--

**b** Unreported tips subject to social security tax (from Form 4137, line 10)

<b>8b</b>		
-----------	--	--

**c** Wages subject to social security tax (from Form 8919, line 10)

<b>8c</b>		
-----------	--	--

**d** Add lines 8a, 8b, and 8c

<b>8d</b>		
-----------	--	--

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►

<b>9</b>		
----------	--	--

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (.124)

<b>10</b>		
-----------	--	--

**11** Multiply line 6 by 2.9% (.029)

<b>11</b>		
-----------	--	--

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 56** or **Form 1040NR, line 54**

<b>12</b>		
-----------	--	--

**13** **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.50).

Enter the result here and on **Form 1040, line 27** or **Form 1040NR, line 27**

<b>13</b>		
-----------	--	--

**Part II Optional Methods To Figure Net Earnings** (see page SE-4)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> was not more than \$6,720, or (b) your net farm profits<sup>2</sup> were less than \$4,851.

**14** Maximum income for optional methods

<b>14</b>	4,480	00
-----------	-------	----

**15** Enter the **smaller** of: two-thirds ( $\frac{2}{3}$ ) of gross farm income<sup>1</sup> (not less than zero) or \$4,480. Also include this amount on line 4b above

<b>15</b>		
-----------	--	--

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$4,851 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

**16** Subtract line 15 from line 14

<b>16</b>		
-----------	--	--

**17** Enter the **smaller** of: two-thirds ( $\frac{2}{3}$ ) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above

<b>17</b>		
-----------	--	--

<sup>1</sup> From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **2210**Department of the Treasury  
Internal Revenue Service**Underpayment of  
Estimated Tax by Individuals, Estates, and Trusts**

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

**2010**  
Attachment  
Sequence No. **06**

Name(s) shown on tax return

Stan and Sandy Blue

Identifying number

400-00-1035

**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	<b>Do not file Form 2210.</b> You do not owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You do not owe a penalty. <b>Do not file Form 2210</b> (but if box <b>E</b> in Part II applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You <b>must</b> file Form 2210. Does box <b>B</b> , <b>C</b> , or <b>D</b> in Part II apply?
No		
	No	
	Yes	You must figure your penalty.
<p><b>Do not file Form 2210.</b> You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but <b>do not file Form 2210.</b></p> <p>You are <b>not</b> required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but <b>file only page 1 of Form 2210.</b></p>		

**Part I Required Annual Payment**

1 Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1		
2 Other taxes, including self-employment tax (see page 2 of the instructions)	2		
3 Refundable credits. Enter the total of your making work pay credit, earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10), credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), and health coverage tax credit	3	(	)
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210</b>	4		
5 Multiply line 4 by 90% (.90)	5		
6 Withholding taxes. <b>Do not</b> include estimated tax payments (see page 3 of the instructions)	6		
7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you do not owe a penalty. <b>Do not file Form 2210</b>	7		
8 Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8		20000
9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8	9		

**Next:** Is line 9 more than line 6?

- ☐ **No.** You **do not** owe a penalty. **Do not** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **do not** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
  - If box **A** or **E** applies (but not **B**, **C**, or **D**) file only page 1 of Form 2210. You are **not** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

**Part II Reasons for Filing.** Check applicable boxes. If none apply, **do not** file Form 2210.

- A** ☐ You request a **waiver** (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B** ☐ You request a **waiver** (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☒ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2009 or 2010, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box **B**, **C**, or **D** applies).

For Paperwork Reduction Act Notice, see page 7 of separate instructions.

Cat. No. 11744P

Form **2210** (2010)



**Part IV Regular Method** (See page 3 of the instructions if you are filing Form 1040NR or 1040NR-EZ.)

<b>Section A—Figure Your Underpayment</b>		<b>Payment Due Dates</b>			
		<b>(a)</b> 4/15/10	<b>(b)</b> 6/15/10	<b>(c)</b> 9/15/10	<b>(d)</b> 1/15/11
<b>18 Required installments.</b> If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column . . . . .	<b>18</b>				
<b>19</b> Estimated tax paid and tax withheld (see page 3 of the instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. <b>Do not file Form 2210 unless you checked a box in Part II</b>	<b>19</b>	500	5000	3000	500
<b>Complete lines 20 through 26 of one column before going to line 20 of the next column.</b>					
<b>20</b> Enter the amount, if any, from line 26 in the previous column . . . . .	<b>20</b>				
<b>21</b> Add lines 19 and 20 . . . . .	<b>21</b>				
<b>22</b> Add the amounts on lines 24 and 25 in the previous column . . . . .	<b>22</b>				
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19 . . . . .	<b>23</b>				
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0- . . . . .	<b>24</b>				
<b>25 Underpayment.</b> If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 . . . . . ▶	<b>25</b>				
<b>26 Overpayment.</b> If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column . . . . .	<b>26</b>				
<b>Section B—Figure the Penalty</b> (Use the Worksheet for Form 2210, Part IV, Section B—Figure the Penalty on page 4 of the instructions to figure your penalty.)					
<b>27 Penalty.</b> Enter the total penalty from line 11 of the Worksheet for Form 2210, Part IV, Section B—Figure the Penalty. Also include this amount on Form 1040, line 77; Form 1040A, line 49; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26. <b>Do not file Form 2210 unless you checked a box in Part II</b> . . . . . ▶	<b>27</b>				

**Schedule AI—Annualized Income Installment Method** (See pages 5 through 7 of the instructions.)

Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/10, 4/30/10, 7/31/10, and 11/30/10.

**Part I Annualized Income Installments**

	(a) 1/1/10–3/31/10	(b) 1/1/10–5/31/10	(c) 1/1/10–8/31/10	(d) 1/1/10–12/31/10
<b>1</b> Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.) . . . . .	<b>1</b> 1000	25273	55273	105273
<b>2</b> Annualization amounts. (Estates and trusts, see instructions)	<b>2</b> 4	2.4	1.5	1
<b>3</b> Annualized income. Multiply line 1 by line 2 . . . . .	<b>3</b> 40000	60655	82910	105273
<b>4</b> If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. <b>Exception:</b> Estates and trusts, skip to line 9 and enter amount from line 3.	<b>4</b> 0	0	6000	28000
<b>5</b> Annualization amounts . . . . .	<b>5</b> 4	2.4	1.5	1
<b>6</b> Multiply line 4 by line 5 . . . . .	<b>6</b> 0	0	9000	28000
<b>7</b> In each column, enter the full amount of your standard deduction from Form 1040, line 40, or Form 1040A, line 24. (Form 1040NR or 1040NR-EZ filers, enter -0-. <b>Exception:</b> Indian students and business apprentices, see instructions.) . . . . .	<b>7</b>			
<b>8</b> Enter the <b>larger</b> of line 6 or line 7 . . . . .	<b>8</b> 0	0	9000	28000
<b>9</b> Subtract line 8 from line 3 . . . . .	<b>9</b> 40000	60655	73910	77273
<b>10</b> In each column, multiply \$3,650 by the total number of exemptions claimed. (Estates, trusts, and Form 1040NR or 1040NR-EZ filers, see instructions.) . . . . .	<b>10</b> 7300	7300	7300	7300
<b>11</b> Subtract line 10 from line 9. If zero or less, enter -0-	<b>11</b> 32700	53355	66610	69973
<b>12</b> Figure your tax on the amount on line 11 (see instructions)	<b>12</b> 4106	7204	9344	10181
<b>13</b> Self-employment tax from line 34 (complete Part II below)	<b>13</b> 4064	6582	9806	12982
<b>14</b> Enter other taxes for each payment period (see instructions)	<b>14</b> 1000	1000	1000	1000
<b>15</b> Total tax. Add lines 12, 13, and 14 . . . . .	<b>15</b> 9170	14786	20150	24163
<b>16</b> For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3 (see instructions) . . . . .	<b>16</b> 110	770	880	4786
<b>17</b> Subtract line 16 from line 15. If zero or less, enter -0-	<b>17</b> 9060	14016	19270	19377
<b>18</b> Applicable percentage . . . . .	<b>18</b> 22.5%	45%	67.5%	90%
<b>19</b> Multiply line 17 by line 18 . . . . .	<b>19</b> 2039	6307	13007	17439
<b>Complete lines 20–25 of one column before going to line 20 of the next column.</b>				
<b>20</b> Enter the total of the amounts in all previous columns of line 25	<b>20</b>	2039	6307	6931
<b>21</b> Subtract line 20 from line 19. If zero or less, enter -0-	<b>21</b> 2039	4268	6700	10782
<b>22</b> Enter 25% (.25) of line 9 on page 1 of Form 2210 in each column	<b>22</b> 3594	3594	3594	3594
<b>23</b> Subtract line 25 of the previous column from line 24 of that column. . . . .	<b>23</b>	1555	881	0
<b>24</b> Add lines 22 and 23 . . . . .	<b>24</b> 3594	5149	4475	3594
<b>25</b> Enter the <b>smaller</b> of line 21 or line 24 here and on Form 2210, line 18 . . . . . <b>▶</b>	<b>25</b> 2039	4268	4475	3594

Part IV.

**Part II Annualized Self-Employment Tax** (Form 1040 and Form 1040NR filers only)

<b>26</b> Net earnings from self-employment for the period (see instructions). . . . .	<b>26</b> 6641	13282	19923	26563
<b>27</b> Prorated social security tax limit . . . . .	<b>27</b> \$26,700	\$44,500	\$71,200	\$106,800
<b>28</b> Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. <b>Exception:</b> If you filed Form 4137 or Form 8919, see instructions	<b>28</b> 0	0	0	0
<b>29</b> Subtract line 28 from line 27. If zero or less, enter -0-	<b>29</b> 26700	44500	71200	106800
<b>30</b> Annualization amounts . . . . .	<b>30</b> 0.496	0.2976	0.186	0.124
<b>31</b> Multiply line 30 by the <b>smaller</b> of line 26 or line 29 . . . . .	<b>31</b> 3294	3953	3706	3294
<b>32</b> Annualization amounts . . . . .	<b>32</b> 0.116	0.0696	0.0435	0.029
<b>33</b> Multiply line 26 by line 32 . . . . .	<b>33</b> 770	924	867	770
<b>34</b> Add lines 31 and 33. Enter here and on line 13 above <b>▶</b>	<b>34</b> 4064	4877	4573	4064

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**▶ **See separate instructions.**1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **21**

Name(s) shown on return

Stan and Sandy Blue

Your social security number

400-00-1035

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Jane Pink	400 5th Anywhere Street St. Louis, MO 630141	400-00-1030	2200

Did you receive  
dependent care benefits?No  
Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
First	Last		
John	Blue	400-00-1031	2200

**3** Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3****4** Enter your **earned income**. See instructions**4****5** If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5**

110,000

**6** Enter the **smallest** of line 3, 4, or 5**6****7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.**7****8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**8**

X.

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions**9****10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.**10****11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46**11****For Paperwork Reduction Act Notice, see your tax return instructions.**

Cat. No. 11862M

Form **2441** (2010)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2010**Attachment  
Sequence No. **67**

Name(s) shown on return

Stan and Sandy Blue

Business or activity to which this form relates

Test Construction Business

Identifying number

400-00-1035

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	25,000
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Office Furniture	10,000	10,000
7	Listed property. Enter the amount from line 29 . . . . .	7	15,000
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	25,000
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	25,000
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	5,000
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	28,764
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	28,764
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶ . . . . .	13	1236

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	10,000

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	10,000
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		10,000	3	HY	200 DB	3,333
b 5-year property		10,000	5	HY	200 DB	2,000
c 7-year property		10,000	7	HY	200 DB	1,429
d 10-year property		10,000	10	HY	200 DB	1,000
e 15-year property		10,000	15	HY	150 DB	500
f 20-year property		10,000	20	HY	150 DB	375
g 25-year property		100,000	25 yrs.	HY	S/L	2,000
h Residential rental property	200904	100,000	27.5 yrs.	MM	S/L	2,576
i Nonresidential real property	200905	100,000	39 yrs.	MM	S/L	1,603

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year		10,000	12 yrs.	HY	S/L	417
c 40-year		104,350	40 yrs.	MM	S/L	2,500

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28 . . . . .	21	4,660
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	22	71,157
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	1,000

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .						<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use:									
2009 Truck	4/18/2009	70 %	40,000	17,500	5	200DB-HY	3,500	15,000	
Cellphone	3/02/2008	100 %	5,000	5,000	5	200DB-HY	1000	-0-	
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
Laptop	6/17/2007	40 %	4,000	1,600	5	S/L - HY	160		
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						<b>28</b>	4,660		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .						<b>29</b>	15,000		

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) .	16,000					
<b>31</b> Total commuting miles driven during the year .	4,857					
<b>32</b> Total other personal (noncommuting) miles driven .	2,000					
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .	22,857					
<b>34</b> Was the vehicle available for personal use during off-duty hours? .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	✓					
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	✓					
<b>36</b> Is another vehicle available for personal use?		✓				

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .	✓	
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .	✓	
<b>39</b> Do you treat all use of vehicles by employees as personal use? .		✓
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .		✓
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .		✓

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2010 tax year (see instructions):					
Acquiring lease	5/06/2009	10,000	178	30 years	28
<b>43</b> Amortization of costs that began before your 2010 tax year .					
					43
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .					44
					100
					128

## Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**  
▶ **See separate instructions.**

OMB No. 1545-0908

Attachment  
Sequence No. **155**

Name(s) shown on your income tax return

**Stan and Sandy Blue**

Identifying number

**400-00-1035**

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property
		(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A		
B		
C		
D		
E		

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A						
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_ .  
If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ \_\_\_\_\_ .  
**(2)** For any prior tax years ▶ \_\_\_\_\_ .

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

**e** Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .

**c** Is there a restriction limiting the donated property for a particular use? . . . . .

Yes	No



Name(s) shown on your income tax return

Identifying number

**Section B. Donated Property Over \$5,000 (Except Certain Publicly Traded Securities)**—List in this section only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of certain publicly traded securities reported in Section A). An appraisal is generally required for property listed in Section B (see instructions).

**Part I Information on Donated Property**—To be completed by the taxpayer and/or the appraiser.

**4** Check the box that describes the type of property donated:

- ☐ Art\* (contribution of \$20,000 or more)  
☐ Art\* (contribution of less than \$20,000)  
☐ Collectibles\*\*

- ☐ Qualified Conservation Contribution  
☐ Other Real Estate  
☐ Intellectual Property

- ☐ Equipment  
☐ Securities  
☐ Other

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

\*\*Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

**Note.** In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	Painting # 1	Excellent	14,000
B	Painting # 2	Good	8,000
C			
D			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
					(h) Amount claimed as a deduction	(i) Average trading price of securities
A	08/1966	Sale	5,000			
B	10/1995	Sale	6,000			
C						
D						

**Part II Taxpayer (Donor) Statement**—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ►

Signature of taxpayer (donor) ►

Date ►

**Part III Declaration of Appraiser**

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

**Sign**

**Here**

Signature ►

Title ►

Date ►

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

**Part IV Donee Acknowledgment**—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ►

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? . . . . . ► ☐ Yes ☐ No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date



Form **8829**Department of the Treasury  
Internal Revenue Service (99)**Expenses for Business Use of Your Home**▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**▶ **See separate instructions.**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **66**

Name(s) of proprietor(s)

Stan Blue

Your social security number

400-00-1035

**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	500
2	Total area of home	2	2000
3	Divide line 1 by line 2. Enter the result as a percentage.	3	25 %
<b>For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	.
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	25 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	
<b>See instructions for columns (a) and (b) before completing lines 9-21.</b>			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	500
11	Real estate taxes (see instructions)	11	500
12	Add lines 9, 10, and 11	12	1000
13	Multiply line 12, column (b) by line 7	13	1000
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	500
18	Rent	18	500
19	Repairs and maintenance	19	500
20	Utilities	20	500
21	Other expenses (see instructions)	21	500
22	Add lines 16 through 21	22	2500
23	Multiply line 22, column (b) by line 7	23	2500
24	Carryover of operating expenses from 2009 Form 8829, line 42	24	300
25	Add line 22 column (a), line 23, and line 24	25	
26	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 25	26	
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	321
30	Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43	30	2000
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to <b>Form 4684</b> (see instructions)	34	
35	<b>Allowable expenses for business use of your home.</b> Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	

**Part III Depreciation of Your Home**

36	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)	36	200,000
37	Value of land included on line 36	37	150,000
38	Basis of building. Subtract line 37 from line 36	38	50,000
39	Business basis of building. Multiply line 38 by line 7	39	12,500
40	Depreciation percentage (see instructions)	40	2.564 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	321

**Part IV Carryover of Unallowed Expenses to 2011**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	



Form **8863**Department of the Treasury  
Internal Revenue Service (99)**Education Credits (American Opportunity and  
Lifetime Learning Credits)**► See separate instructions to find out if you are eligible to take the credits.  
► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **50**

Name(s) shown on return

Stan and Sandy Blue

Your social security number

400-00-1035

**Part I American Opportunity Credit****Caution:** You **cannot** take the American opportunity credit for more than 4 tax years for the **same student**.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). <b>Do not</b> enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
	John Blue	400-00-1031	4000	2000	500	2500
2	<b>Tentative American opportunity credit.</b> Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III . . . . . ►					2500

**Part II Lifetime Learning Credit. Caution:** You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	Sandy Blue	400-00-1025	2000
4	Add the amounts on line 3, column (c), and enter the total . . . . .		4
5	Enter the <b>smaller</b> of line 4 or \$10,000 . . . . .		5
6	<b>Tentative lifetime learning credit.</b> Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV . . . . .		6

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 25379M

Form **8863** (2010)

**Part III Refundable American Opportunity Credit**

<b>7</b>	Enter the amount from line 2. . . . .	<b>7</b>	
<b>8</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>8</b>	
<b>9</b>	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22 . . . . .	<b>9</b>	
<b>10</b>	Subtract line 9 from line 8. If zero or less, <b>stop</b> ; you cannot take any education credit . . . . .	<b>10</b>	
<b>11</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>11</b>	
<b>12</b>	If line 10 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 11, enter 1.000 on line 12 . . . . .</li> <li>• Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	<b>12</b>	.
<b>13</b>	Multiply line 7 by line 12. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions on page 5 of the instructions, you <b>cannot</b> take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box . . . . . <input type="checkbox"/>	<b>13</b>	
<b>14</b>	<b>Refundable American opportunity credit.</b> Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 15 below . . . . .	<b>14</b>	

**Part IV Nonrefundable Education Credits**

<b>15</b>	Subtract line 14 from line 13 . . . . .	<b>15</b>	
<b>16</b>	Enter the amount from line 6. If you have no entry on this line, skip lines 17 through 22, and enter the amount from line 15 on line 23 . . . . .	<b>16</b>	
<b>17</b>	Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er) . . . . .	<b>17</b>	120000
<b>18</b>	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22 . . . . .	<b>18</b>	
<b>19</b>	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22 . . . . .	<b>19</b>	
<b>20</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>20</b>	
<b>21</b>	If line 19 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 20, enter the amount from line 16 on line 22 and go to line 23</li> <li>• Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	<b>21</b>	.
<b>22</b>	Multiply line 16 by line 21. Go to the Credit Limit Worksheet in the instructions . . . . . <input type="checkbox"/>	<b>22</b>	
<b>23</b>	<b>Nonrefundable education credits.</b> Enter the amount from the Credit Limit Worksheet (in the instructions) here and on Form 1040, line 49, or Form 1040A, line 31 . . . . .	<b>23</b>	

\*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

## Test Scenario 5 – Stan & Sandy Blue

### Art Appraisal

This is a sample art appraisal for Publication 1436, test scenario 5. Painting 1 is appraised at \$14,000 and Painting 2 is appraised at \$8,000.

## Test Scenario 6

Test Scenario 6: Stephanie Grey  
300 6th Test Street  
I-10123 Torino Italy 10100

Test Scenario 6 includes the following:

- Form 4868
- Estimated Tax Payment

The Estimated Tax Payment information is:

Routing Transit Number: 250250025  
Bank Account Number: 123456  
Bank Account Type: Checking  
Payment Amount: 1,000  
Requested Payment Date: 01/15/2011  
Phone Number: 555-555-5555

Form **4868****Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

**2010**Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2010, or other tax year beginning \_\_\_\_\_, 2010, ending \_\_\_\_\_, 20\_\_\_\_.

**Part I Identification****1** Your name(s) (see instructions)

Stephanie Grey

Address (see instructions)

300 6th Test Street

City, town, or post office

I-10123 Torino

State

I | T

ZIP Code

10100

**2** Your social security number

400-00-6006

**3** Spouse's social security number**Part II Individual Income Tax****4** Estimate of total tax liability for 2010 . . . \$ \_\_\_\_\_**5** Total 2010 payments . . . . . \_\_\_\_\_**6 Balance due.** Subtract line 5 from line 4  
(see instructions) . . . . . \_\_\_\_\_**7** Amount you are paying (see instructions) ► \_\_\_\_\_**8** Check here if you are "out of the country" and a U.S.  
citizen or resident (see instructions) . . . . . ► ☐**9** Check here if you file Form 1040NR or 1040NR-EZ and  
did not receive wages as an employee subject to U.S.  
income tax withholding. . . . . ► ☐

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## Test Scenario 7

Test Scenario 7: Chris and Grace Yellow  
200 7th Test Street  
Baltimore, MD 21244

Test Scenario 7 includes the following:

- Form 4868
- IRS Payment

The IRS Payment information is:

Routing Transit Number: 250250026  
Bank Account Number: 234567  
Bank Account Type: Checking  
Payment Amount: 2,000  
Requested Payment Date: 04/15/2011  
Phone Number: 555-555-5556

Form **4868****Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

**2010**Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2010, or other tax year beginning , 2010, ending , 20 .

**Part I Identification****1** Your name(s) (see instructions)

Chris Yellow and Grace Yellow

Address (see instructions)

200 7th Test Street

City, town, or post office

Baltimore

State

M | D

ZIP Code

21244

**2** Your social security number

400-00-7007

**3** Spouse's social security number

400-00-7008

**Part II Individual Income Tax****4** Estimate of total tax liability for 2010 . . . \$ 12000**5** Total 2010 payments . . . . . 10000**6 Balance due.** Subtract line 5 from line 4  
(see instructions) . . . . . 2000**7** Amount you are paying (see instructions) ► 2000**8** Check here if you are "out of the country" and a U.S.  
citizen or resident (see instructions) . . . . . ☐**9** Check here if you file Form 1040NR or 1040NR-EZ and  
did not receive wages as an employee subject to U.S.  
income tax withholding . . . . . ☐

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